London Health Sciences Centre

St Joseph's Health Care London

HUGO User Guide

Provider

CLINICAL INFORMATICS

Version: 9 | Date: July 21, 2014

Table of Contents

ADMISSIONS

Admit To Order (Admit from the Emergency Department)

When the admit decision is made, enter the **Admit To** order on the Emergency encounter. Then complete **Quick Inpatient Registration** and complete your admission orders on the new ED inpatient encounter.

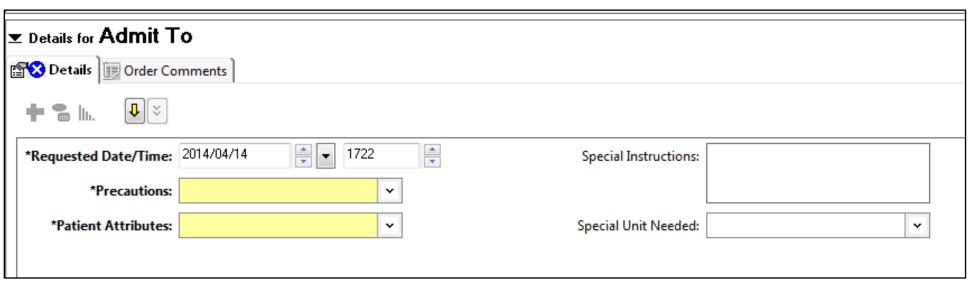
The Admit To order has been modified for patients in the Emergency Department to gather the information needed to communicate bed request.

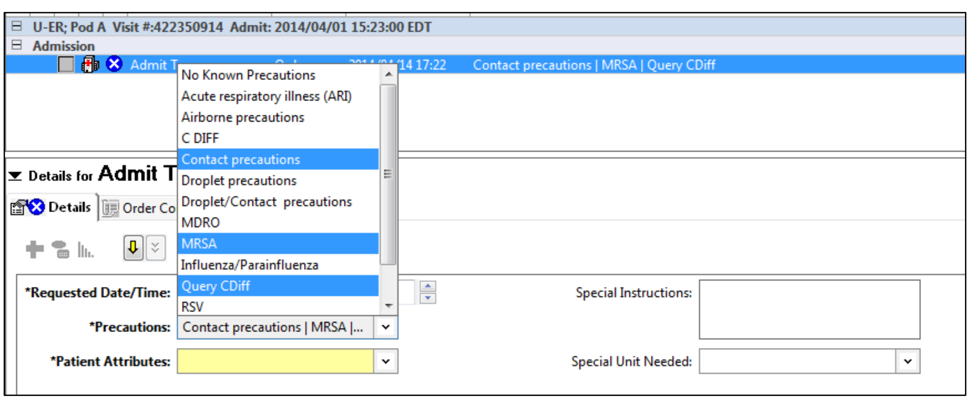
This communicates your intention to admit the patient to the Emergency Department staff as it appears as an icon on the tracking board.

Two new required fields and one optional field have been added.

- Precautions
- Patient Attributes
- Special Unit Needed (optional field)

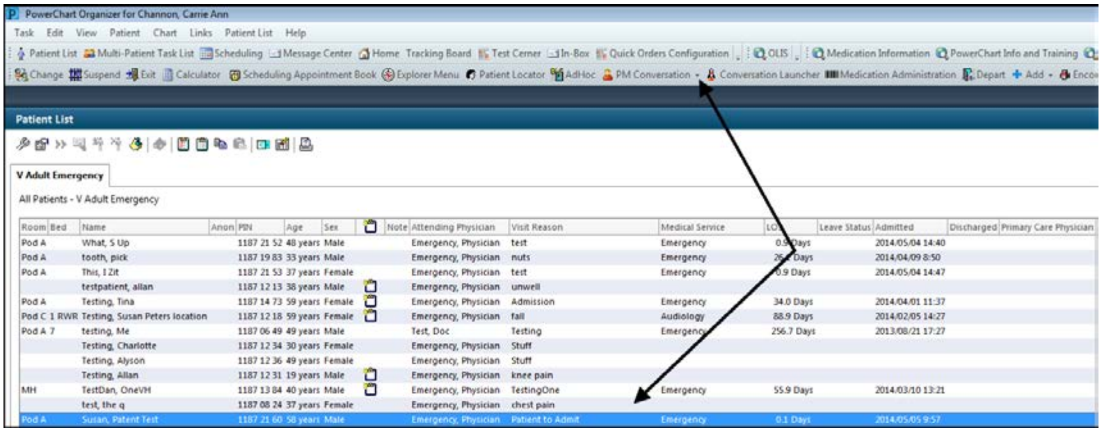
When selecting Precautions or Patient Attributes, you can multi-select by holding down the **CTRL** key and clicking the relevant options.





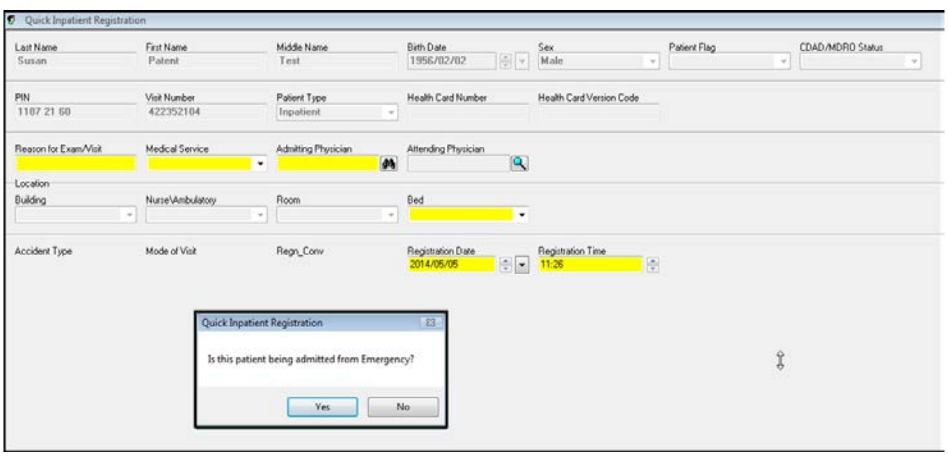
Quick Inpatient Registration

1. **Close** the patient's chart.
2. Ensure the patient's name is highlighted on the **Patient List**.

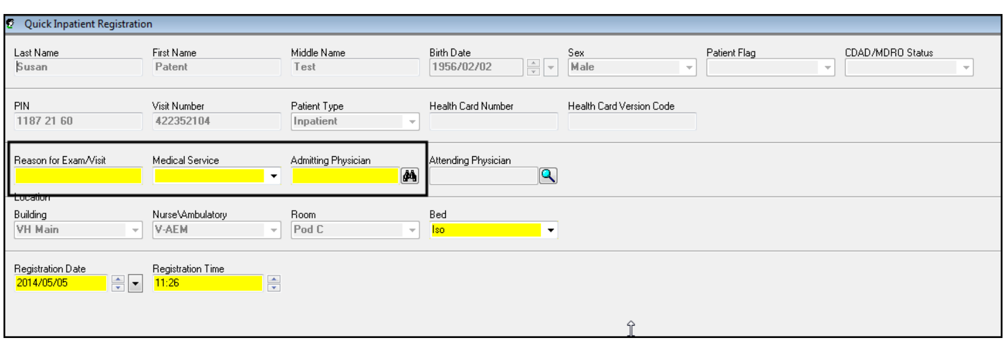


3. Click the **PM Conversation** icon and then **Quick Inpatient Registration**.

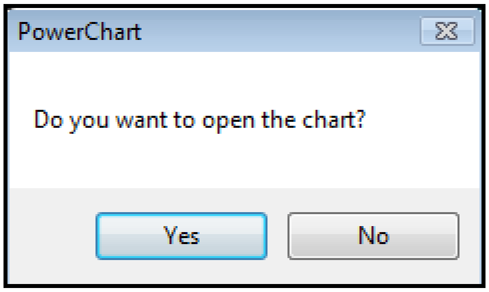
4. A pop-up will query "**Is this patient being admitted from Emergency?**"
5. Click **Yes** to admit a patient from Emergency.
   Yes will keep them in the emergency location and **No** will put them in a clinic location.



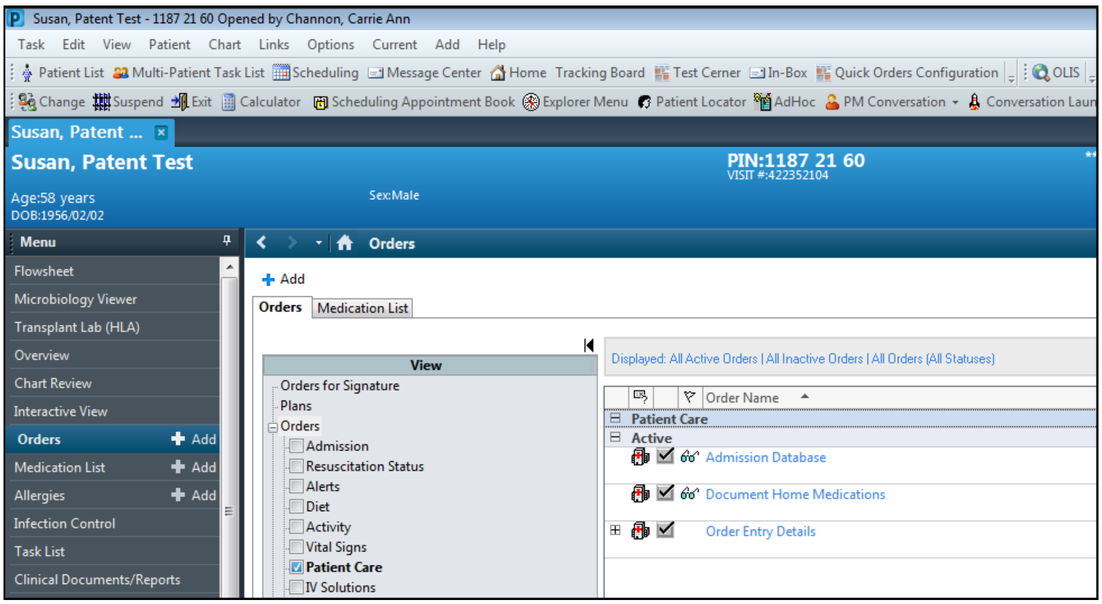
6. Complete the blank yellow fields.



7. Click **OK**.
8. A pop-up will query "**Do you want to open the patient's chart?**"



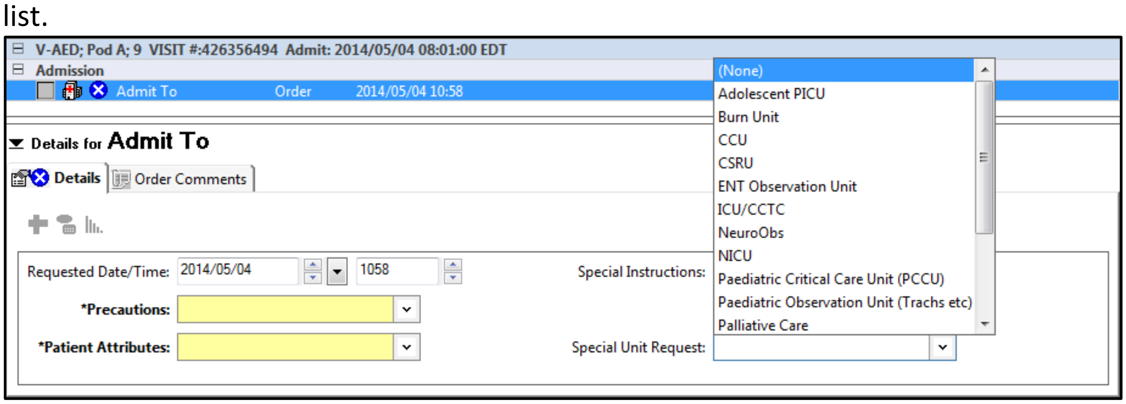
9. Select **Yes** and this will open the inpatient encounter to the **Orders** page.



Important	Taking these steps ensures that you are set to place the admission orders and complete admission medication reconciliation on the proper encounter type.

Admitting to a Specialty Bed from the ED

1. To request a specialty bed, select a unit using the **Special Unit Request** drop-down list.



Important	Prior to completing the **Quick Inpatient Registration** you must place the **Admit To** order on the patient's ED encounter.

Admit From an Ambulatory Clinic

1. Call Admitting and request a bed.
2. **Close** the patient's chart.
3. Ensure the patient's name is highlighted on the patient list and click the **PM Conversation** icon and then **Quick Inpatient Registration**.


4. You will be asked if this is an admission from Emergency – choose **No**.
5. Complete the blank yellow fields in the window that opens (Dx, admit service, admit provider) and click **OK**.
6. A pop-up will query "Do you want to open the patient's chart?" Select **Yes** and this will open the inpatient encounter to the order window.
7. Complete the medication history in **Document Medication by Hx**.
8. Complete admission medication reconciliation.
9. Complete and initiate an admission PowerPlan.

Entering Height and Weight on Admission

It is essential that heights and weights are documented as soon as possible after admission. These values flow to Pharmacy and are part of the automatic calculations for weight-based drugs.

The **Admission Database** PowerForm is the best place to enter the initial height and weight. This PowerForm is ordered automatically on admission and is found on the **Task List** or in the **Task** section of the **PAL**.

ALLERGIES

Allergies to be Documented

An Allergy Status alert will appear when allergies have not been documented. You need to document all three alleriges if known or document all allegeries as Unable to Obtain/Collect.

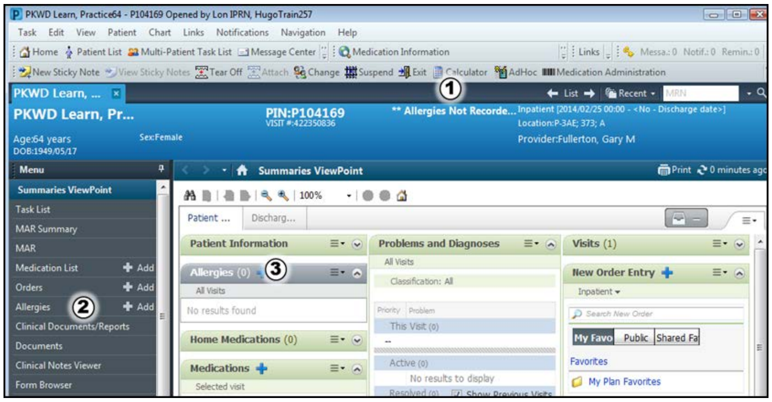
Also if food allergies are not documented, the patient will not receive a tray until further investigation occurs.

The three allergies that must be documented for each patient are;

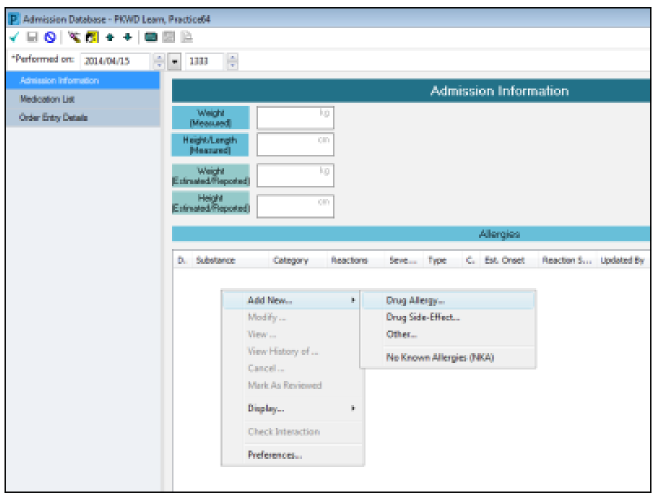
- Drug,
- Food,
- Environment.

There are several ways to open the Allergies window to document allergies.

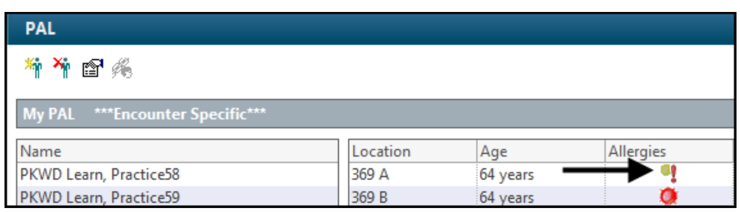
1. There are 3 ways in the **Summary ViewPoint**



2. In the **Admission Database** PowerForm, right-click in the **Allergies** section, choosing **Add New** on the menu.



3. In the **PAL**, double-click the **No Allergies documentation** icon  for the patient.



Icons

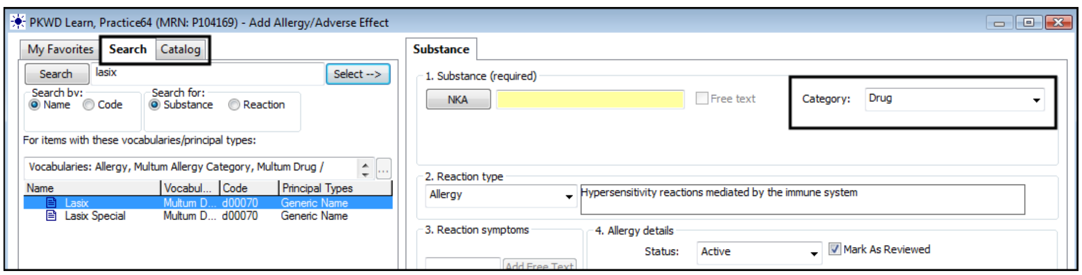
The first icon means that information has been documented about a patient's allergies; it **does not** mean that **all** information has been documented. The second icon means **no** allergy information has been documented. Double-click on the icons to review or enter information.

 Allergy documentation

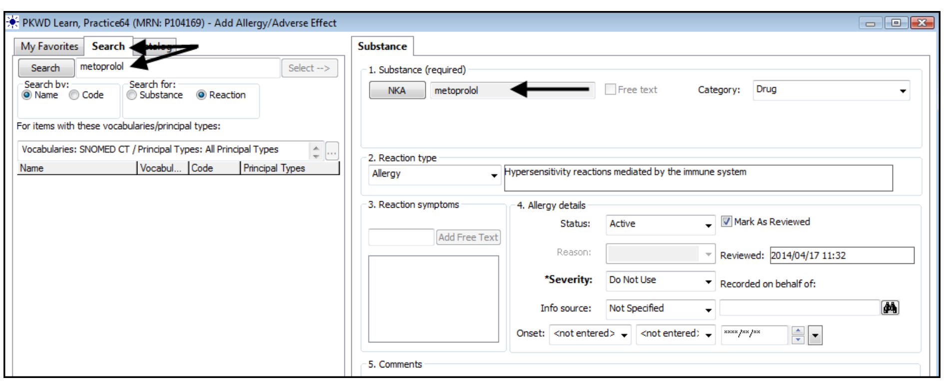
 No allergy documentation

Add an Allergy

1. Open the **Allergy** window.
2. Click the **Add** icon.
3. Ensure **Category** is set to the allergy you are entering, Drug, Food, Environment.
4. Click the **Search** tab.
   - The **Catalog** tab contains folders of common allergies as well as common allergic reactions. It is important to remember that if you do not find what you are looking for in the Catalog tab, use the Search tab.
   - Please ensure that you exhaust all search options to select the correct substance / reactions from the database.
   - From the **Search** tab, if you are unsure of a spelling, start by typing just a few letters when searching. If you still have questions ask a colleague, Google, check Micromedex or call Pharmacy.
   - For non-medication allergies, try using existing substances and adding comments. For example: green apple allergy = Substance of *apple* with Comments *green*.

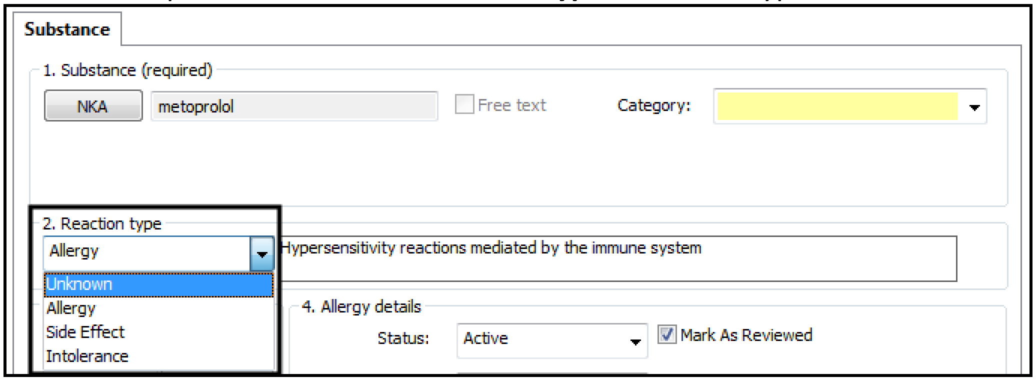


5. Click the **Search** tab and type in the substance name.
6. Double-click on the found substance to move it to the **Substance** section.

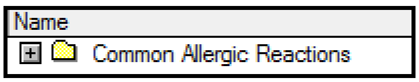


7. The **Reaction type** will default to **Allergy**.

8. Click the drop-arrow beside the **Reaction type** field if the type needs to be changed.

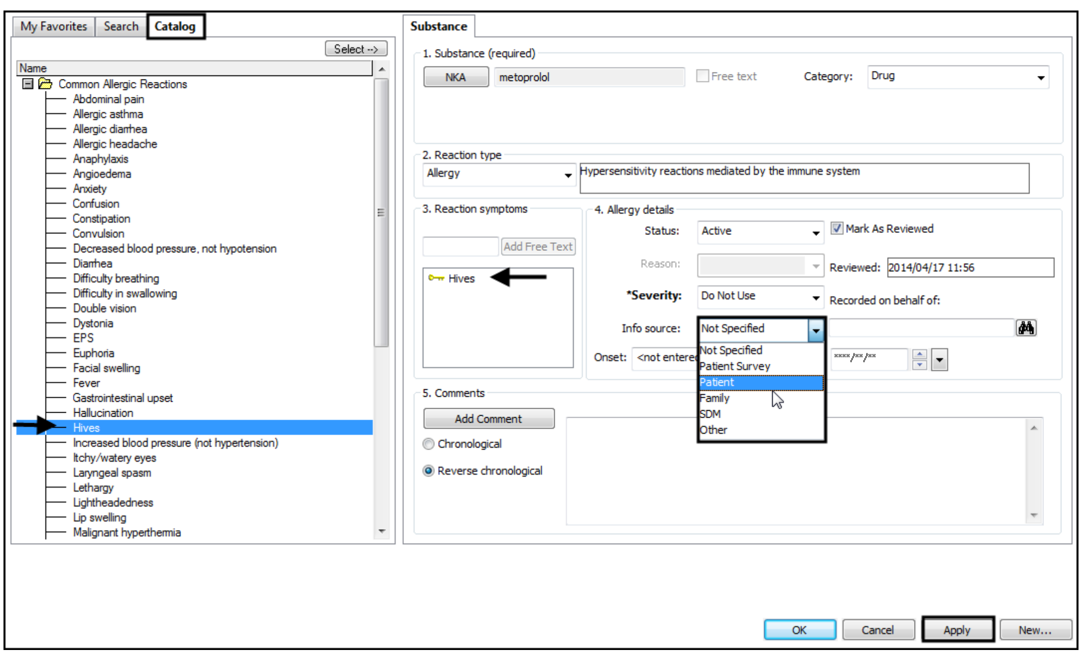


9. Click the **Catalog** tab.
10. Click the **+** plus sign to expand the **Common Allergic Reactions** folder.



Important	If you are unable to find a medication substance ask a colleague, Google, check Micromedex or call Pharmacy. For non-medication allergies, try using existing substances and adding comments. For example: green apple allergy = Substance of *apple* with Comments *green*.

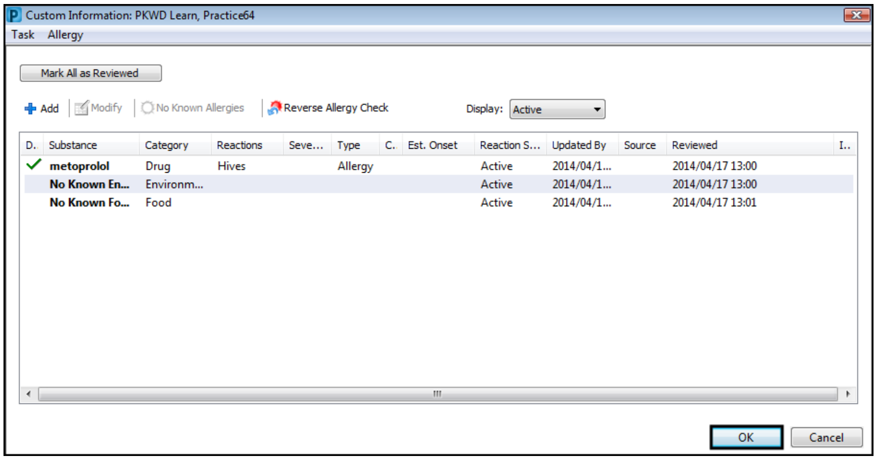
11. Double-click the **Common Allergic Reaction** to move the reaction to the **Reaction symptoms** field.
12. Click the drop-arrow to record the relationship of the person who provided the allergy information.



13. Click **Apply**, then **New** when you need to add the other allergies.
14. Click **OK** when all allergies have been documented.

15. The **green checkmark** indicates that the allergy qualifies for cross-referencing with pharmacy's drug database.

16. Click **OK** to return to the patient's chart.



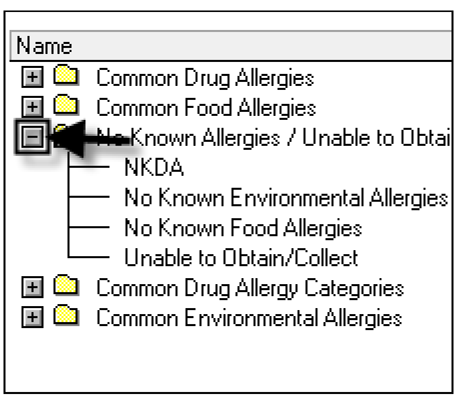
Documenting No Known Allergies

When documenting allergies it is important to document all three categories of allergies: Drug, Food and Environment.

If your patient's has no known allergies in any of the three categories, follow these instructions.

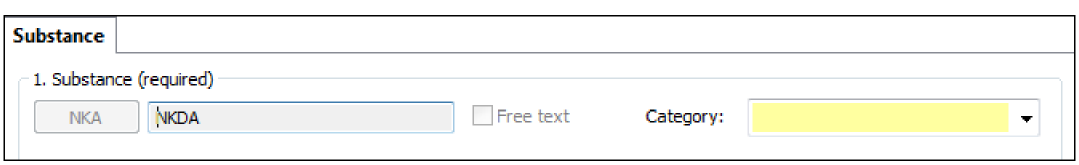
1. From the table of contents menu, add an allergy by clicking **Add**.

2. From the **Catalog** tab, expand the folder for **No Known Allergies/Unable to Obtain**.

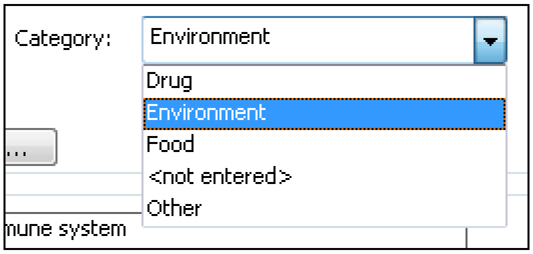


3. Double-click to choose the no known allergy, e.g., **NKDA**, **No Known Environmental Allergies**, **No Known Food Allergies.**

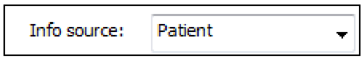
4. The **Substance** field will display the no known allergy that was selected.



5. Click the drop-arrow beside the **Category** field and choose the associated category, e.g., Drug, Environment, Food.



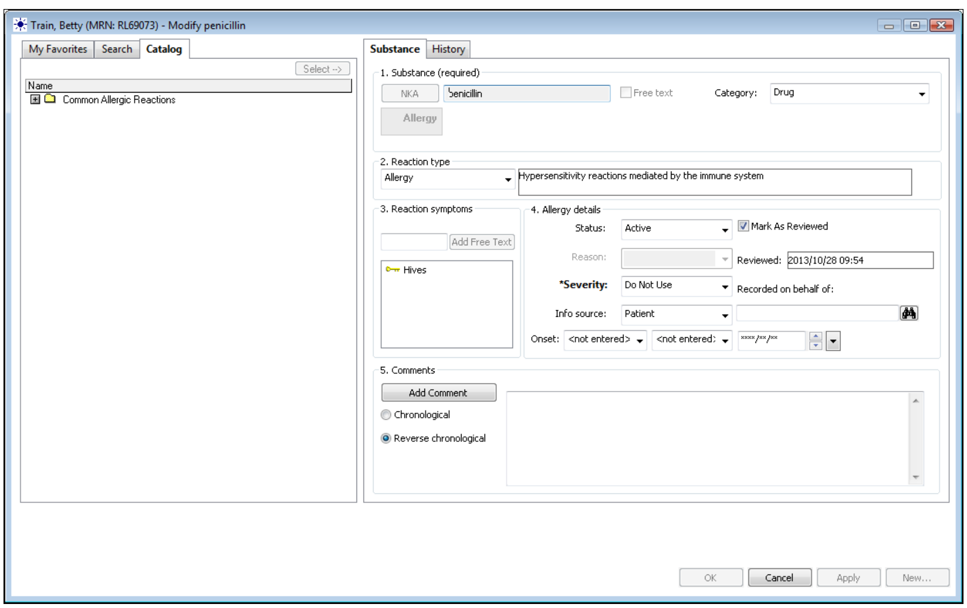
6. Click the drop-arrow and choose the correct **Info Source** - the person who provided the allergy information.



7. Click the Apply button to apply this allergy information to the patient's chart.
8. To add more allergy information, click the New button.
9. When all three categories of allergies have been documented click the OK button to return to the patient's chart.

Modify an Allergy Entry

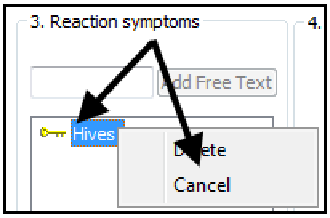
1. Double-click the substance in the allergy record.
2. The **Modify** window opens, allowing you to make any necessary changes.



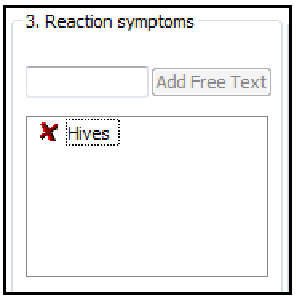
3. Click the Apply button to save the changes but stay in the window to add a new allergy if needed or click the OK button to save the allergy entry and return to the patient's chart.

To Cancel a Reaction Symptom

1. **Right-click** on the symptom.
2. Select **Cancel**.



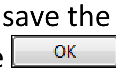
3. If cancelled in error, **right-click** again, and select **Undo Cancel**.
4. Cancelled reactions will be displayed with a red **X**.



Change No Known Allergy Entry to a New Allergy

If a patient had no known allergies recorded in any of the three categories and then the patient develops an allergy, you must **CANCEL** the no known allergy entry before you can enter the new allergy information.

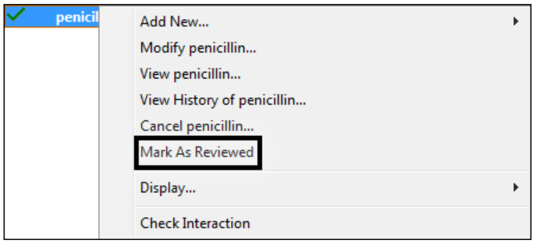
Cancel an Allergy Entry

1. Click it once and then click **Allergy** on the menu bar to select **Cancel** from a pull-down menu, or right-click the entry and then click **Cancel** from the shortcut menu.
2. You must provide a reason for the cancellation in the **Reason**: field.
3. Click the **drop-arrow** beside the **Info source** field to see the menu options and select the person who provided the allergy information.
4. Click the  button to save the changes but stay in the window to add a new allergy if needed or click the  button to save the allergy entry and return to the patient's chart.

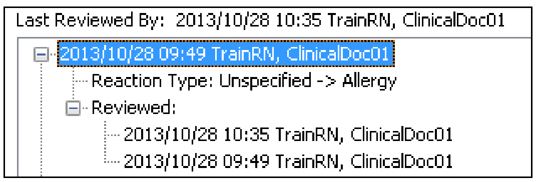
Review Allergies

1. You may click the **Mark All as Reviewed** button once you have reviewed the allergy record, made any revisions and the record is correct as listed; OR

2. You may select and review individual allergy entries by right-clicking the entry and selecting **Mark as Reviewed**.



3. You have now recorded that you reviewed this allergy record and it is correct. Review information includes the date and time of the review and your name.



CUSTOMIZE ORDERS AND/OR MEDICATION LIST VIEW

You can change the order of columns for **Orders** and **Medication List**. You can also change how information is grouped and sorted.

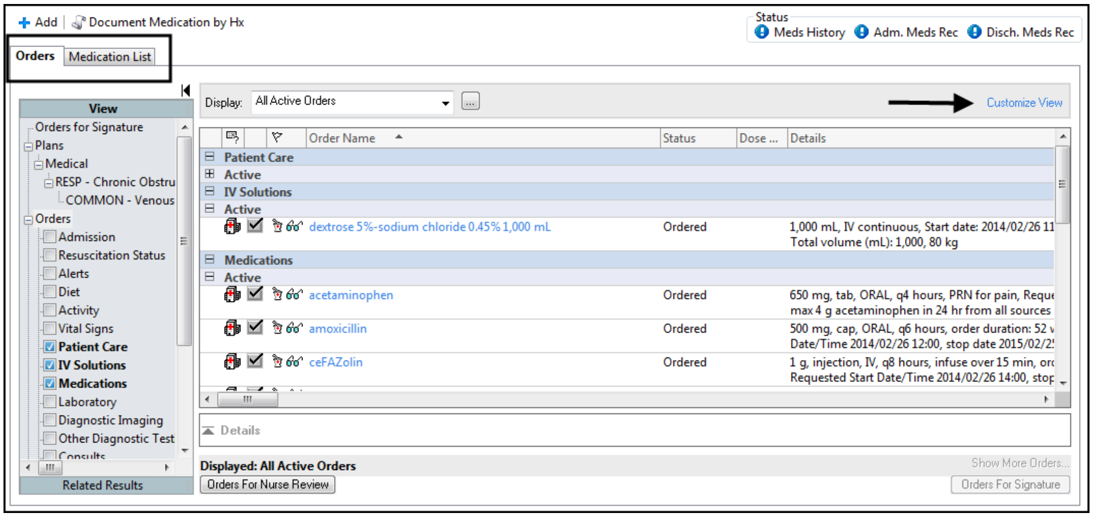
Important The **Orders** page is encounter specific while the **Medication List** crosses encounters.

Suggested Order of Columns

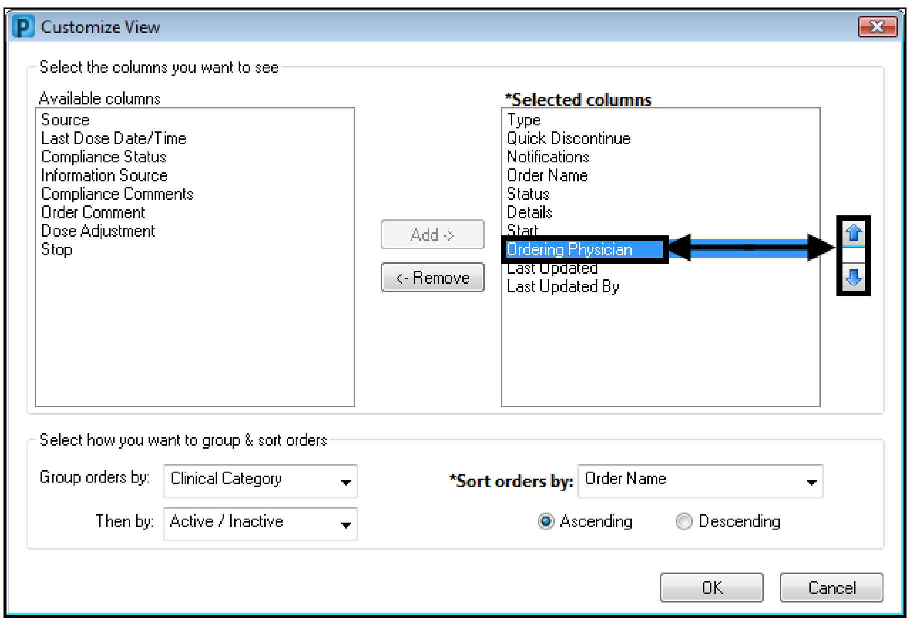
Orders	Medication List
Type	Type
Quick Discontinue	Quick Discontinue
Notifications	Notifications
Order Name	Order Name
Status	Status
Details	Details
Ordering Physician	Ordering Physician
Start	Compliance Status
Last Updated	Compliance Comments
	Start
	Last Updated

Change Order of Columns

1. In the patient's chart, click **Orders** or **Medication List**.
2. Click **Customize View** at the far right.



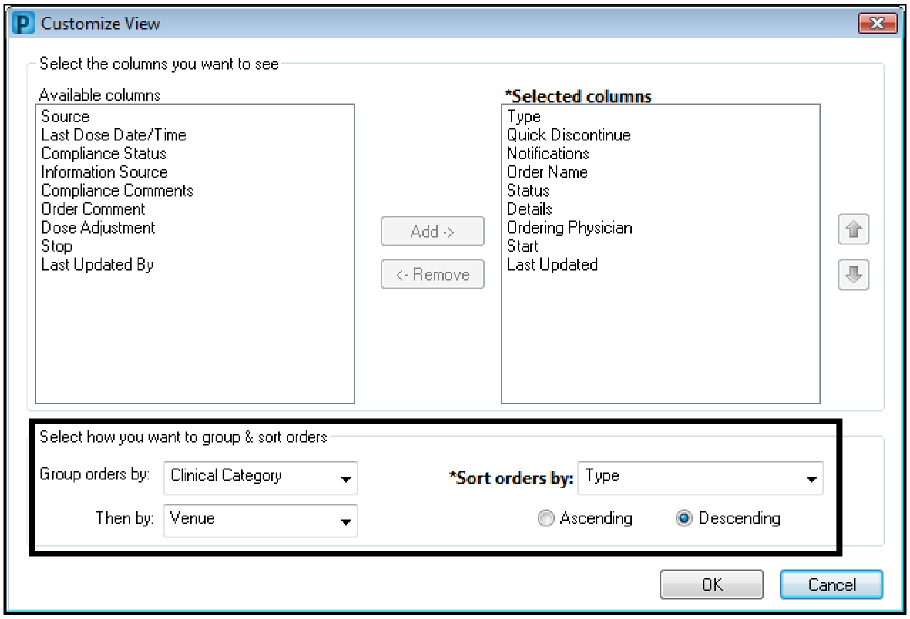
3. The **Customize View** dialog box opens.
4. Select a column to move.
5. Click the up or down arrows to move the column to the desired location.



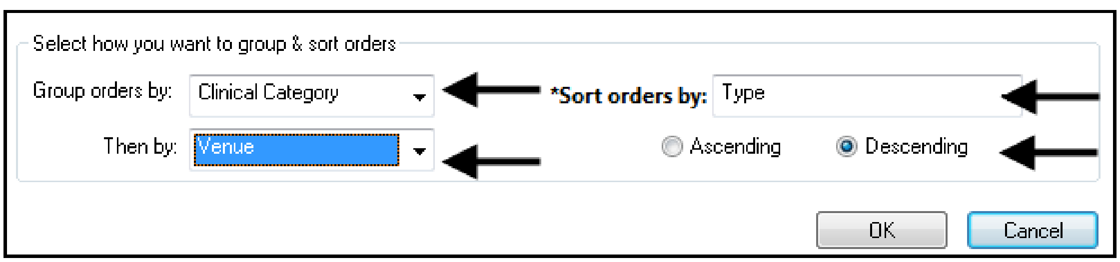
6. If necessary, select a column to remove and then click the <- Remove button.

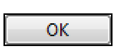
Change Group and Sort Orders

1. Next, change settings in the **Select how you want to group & sort orders** section of the **Customize View** dialog box for both **Orders** and **Medication List** views.



2. Click the drop-arrow beside the **Group orders by** field and change to **Clinical Category**.
3. Click the drop-arrow beside the **Then by** field and change to **Venue**.
4. Click the drop-arrow beside the **Sort orders by** field and select **Type** and then click the **Descending** radio button.



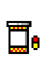
5. Click the  button to save these settings.

Column Information

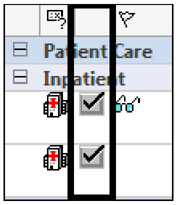
When you make **Type** the first column, it shows you icons as a visual expression of the order type. Here are some examples:

 Inpatient order

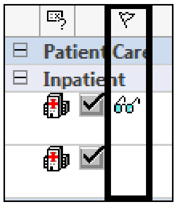
 Home medication

 Prescription

Quick Discontinue allows you to see if the order is active (checkmark in grey box). Click *once* on a checkmark in the Quick Discontinue column to discontinue the order.



The **Notifications** column needs to be close to the front because this is where there nurse will see nurse review .



The **Order Name**, **Status** and **Details** columns are usually grouped together.

Sizing Columns

Remember you can adjust the column width by selecting the border line separating two columns (your mouse pointed will become a two-headed arrow) and dragging until the column is the desired width.

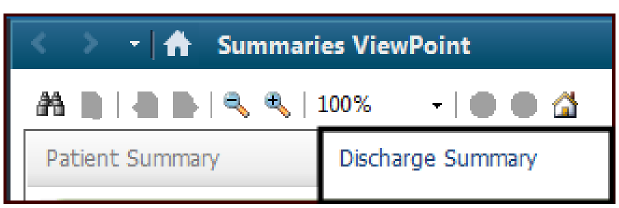
FOLLOW UP ON DISCHARGE SUMMARY

A provider may also enter a communication when completing a discharge using the Discharge summary.

Important	This will not appear on your Task list.

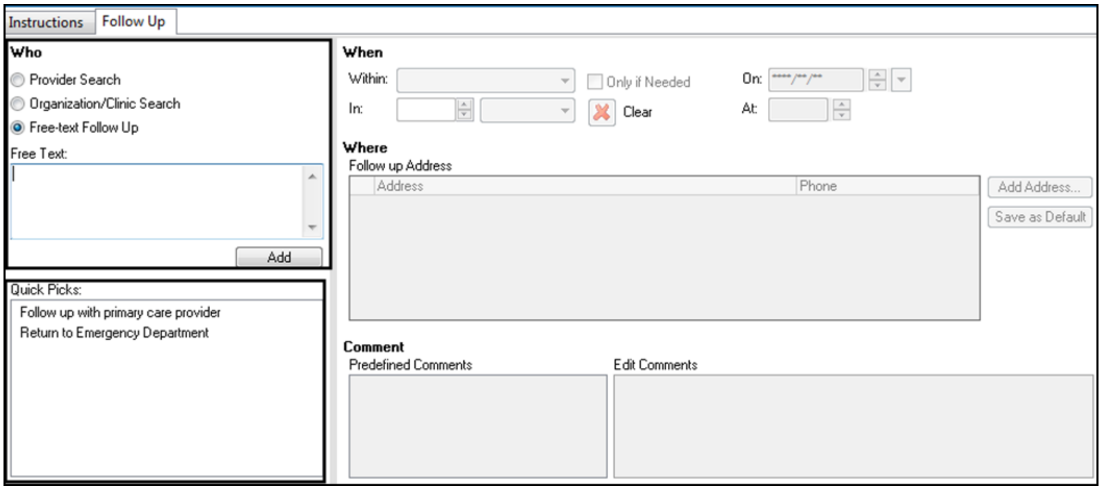
View Follow Up Communication in Discharge Summary

1. You must be in the **Summaries ViewPoint** in the patient's chart.
2. Click the **Discharge Summary** tab.

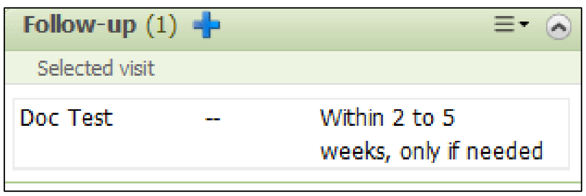


3. Click on the **Follow-up** widget.

4. Complete all required details.



5. These will post to the depart summary when printed, and to the Summaries Viewpoint



Workflow Example 1

Labs to be done in house today and now

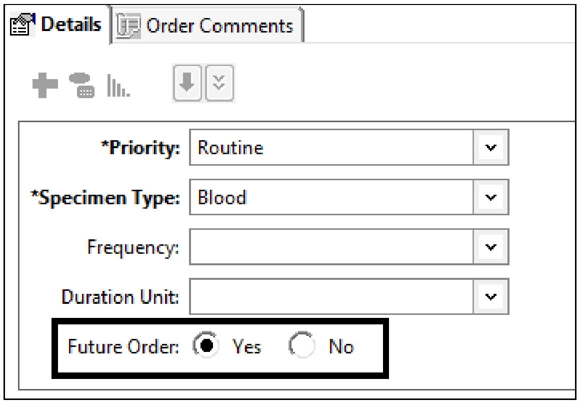
1. Patient seen in clinic ,
2. Lab orders entered electronically for today and now;
3. Labels generated; and
4. Patient sent to Lab Test Centre with labels.

Workflow Example 2

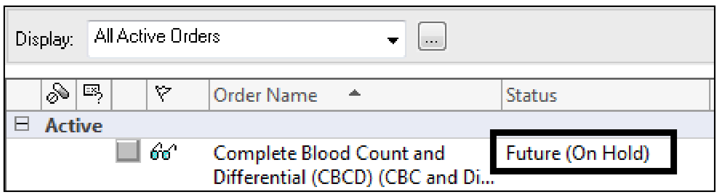
Labs to be done in house in the future (not connected to a clinic visit)

Future Order

1. Patient seen in clinic.
2. Provider determines labs to be done later before next clinic visit.
3. The lab order is entered electronically changing the **Future Order** field to **Yes** in the **Details** tab.



4. The lab order will appear on **Orders** profile as **Future (On Hold)**.

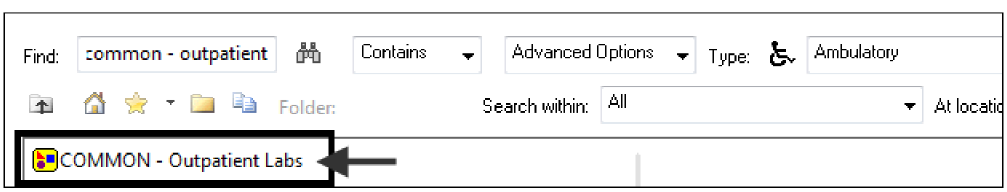


5. Clinic provides patient with a “card” with the instructions to go to Lab Test Centre before next clinic visit.

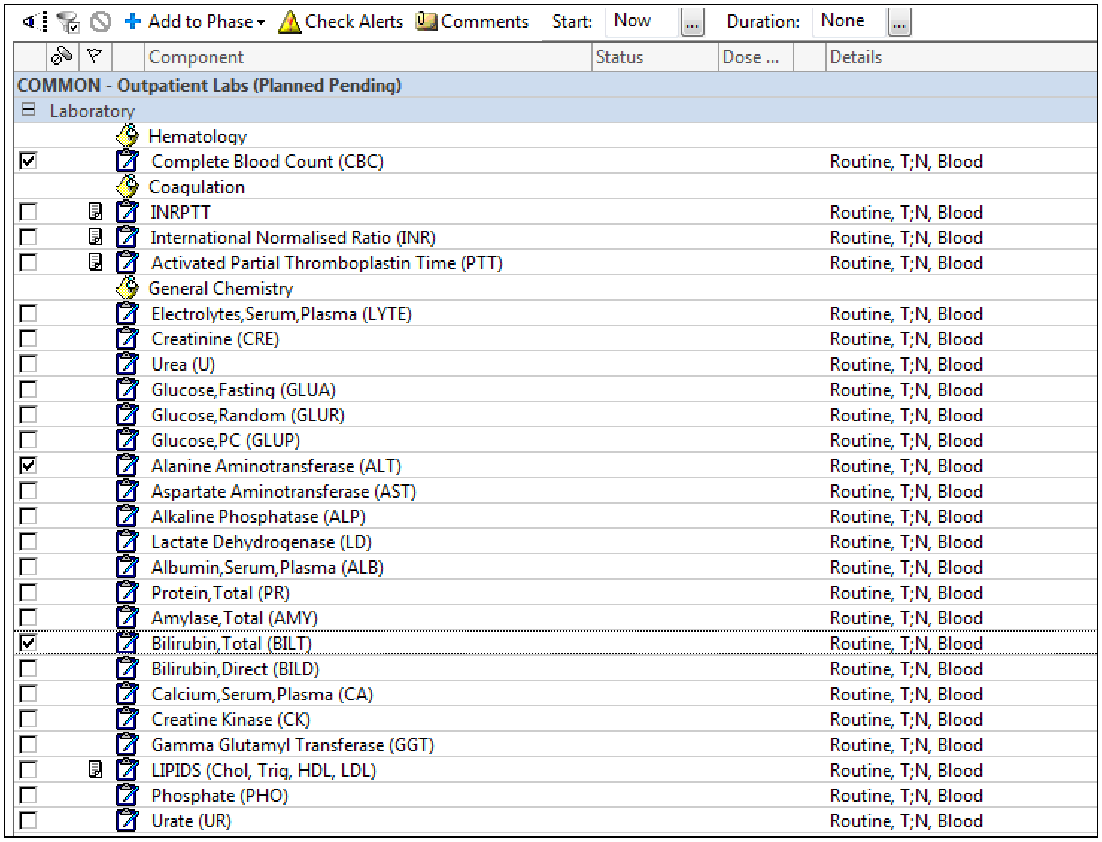
<u>OR</u>

Ambulatory PowerPlan

1. Patient seen in clinic.
2. Provider determines labs to be done later before next clinic visit.
3. The lab order is entered electronically in a planned state as a **Planned PowerPlan**.
4. From the **Add Order** window, change the **Type** to **Ambulatory**.
5. In the **Find** field, type **`COMMON - Outpatient`**.
6. Click the **COMMON – Outpatient Labs** PowerPlan.



7. Click the  button.
8. Click the checkboxes to add the lab tests that you would like to order.

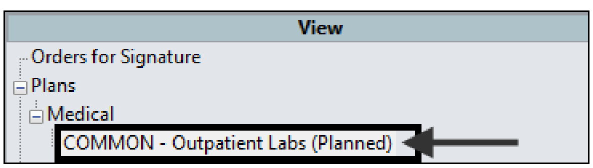


	Component	Status	Dose ...	Details
	COMMON - Outpatient Labs (Planned Pending)			
	Laboratory			
	Hematology			
☑	Complete Blood Count (CBC)			Routine, T;N, Blood
	Coagulation			
☐	INRPTT			Routine, T;N, Blood
☐	International Normalised Ratio (INR)			Routine, T;N, Blood
☐	Activated Partial Thromboplastin Time (PTT)			Routine, T;N, Blood
	General Chemistry			
☐	Electrolytes,Serum,Plasma (LYTE)			Routine, T;N, Blood
☐	Creatinine (CRE)			Routine, T;N, Blood
☐	Urea (U)			Routine, T;N, Blood
☐	Glucose,Fasting (GLUA)			Routine, T;N, Blood
☐	Glucose,Random (GLUR)			Routine, T;N, Blood
☐	Glucose,PC (GLUP)			Routine, T;N, Blood
☑	Alanine Aminotransferase (ALT)			Routine, T;N, Blood
☐	Aspartate Aminotransferase (AST)			Routine, T;N, Blood
☐	Alkaline Phosphatase (ALP)			Routine, T;N, Blood
☐	Lactate Dehydrogenase (LD)			Routine, T;N, Blood
☐	Albumin,Serum,Plasma (ALB)			Routine, T;N, Blood
☐	Protein,Total (PR)			Routine, T;N, Blood
☐	Amylase,Total (AMY)			Routine, T;N, Blood
☑	Bilirubin,Total (BILT)			Routine, T;N, Blood
☐	Bilirubin,Direct (BILD)			Routine, T;N, Blood
☐	Calcium,Serum,Plasma (CA)			Routine, T;N, Blood
☐	Creatine Kinase (CK)			Routine, T;N, Blood
☐	Gamma Glutamyl Transferase (GGT)			Routine, T;N, Blood
☐	LIPIDS (Chol, Trig, HDL, LDL)			Routine, T;N, Blood
☐	Phosphate (PHO)			Routine, T;N, Blood
☐	Urate (UR)			Routine, T;N, Blood

9. Complete any order details as necessary.
10. Click the Sign button only.

Important Do not click the Initiate button.

11. Click **Refresh (Minutes Ago)**.
12. In the **View** section of the **Orders** profile you will see the **COMMON – Outpatient Labs** PowerPlan in a (**Planned**) state.



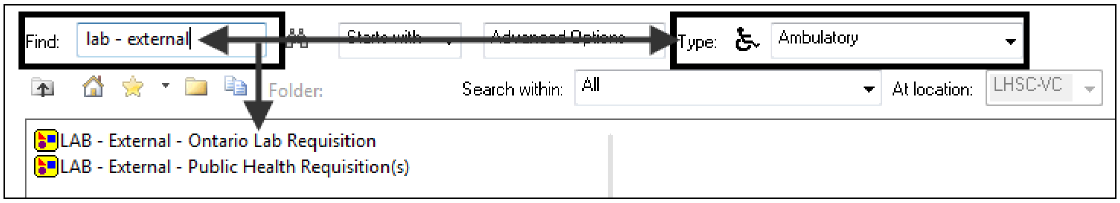
13. Clinic provides patient with a “card” with the instructions to go to Lab Test Centre before next clinic visit.

Workflow Example 3

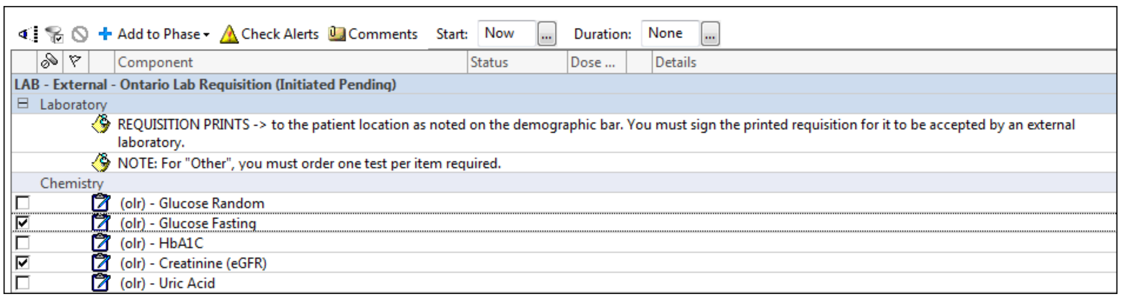
Completing an Ontario requisition electronically

1. Patient seen in clinic
2. Provider determines lab work to be done externally.
3. The lab order is entered electronically.
4. From the **Add Order** window, change the **Type** to **Ambulatory**.

5. In the **Find** field, type **`lab - external`**.



6. Click the **LAB – External – Ontario Lab Requisition** PowerPlan.
7. Click the **Done** button.
8. Select the lab orders you wish to order.



9. Click the Orders For Signature button to review the orders.
10. Click the Sign button.
11. Click **Refresh (Minutes Ago)**.
12. Once signed, the Ontario Lab Requisition prints out.

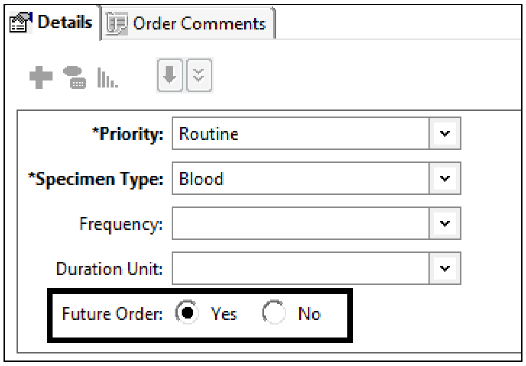
Important The provider must **manually complete and sign** the printed requisition for it to be accepted by an external laboratory.

Workflow example 4

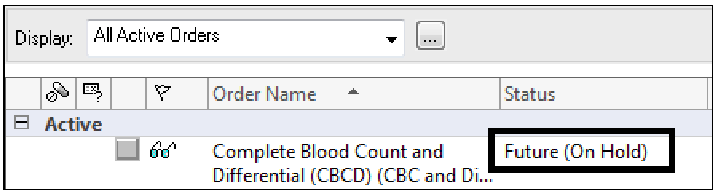
Bloodwork required in the **future** on the day of the next clinic visit prior to coming to the clinic

Future Order

1. Patient seen in clinic.
2. Provider determines labs to be done later before next clinic visit.
3. The lab order is entered electronically changing the **Future Order** field to **Yes** in the **Details** tab.



4. The lab order will appear on **Orders** profile as **Future (On Hold)**.



5. Patient returns to hospital for clinic visit and goes to Central Registration.
6. Patient then goes to clinic and future lab orders are activated by clinic staff (clerk).
7. Labels are generated.
8. Patient sent to Lab Test Centre with labels.

In the event the clinic is unable to activate the orders same day they will need to keep the future orders on paper.

The reason is that the patient is registered to the clinic and if the Lab Test Centre activates the future lab order the labels will print out to the location the patient is registered (the clinic).

Leave of Absence (LOA) Medication Process – St. Joseph's

What is the Same

1. Notify Pharmacy.
    a. Parkwood – Nurses will continue to complete an LOA Request From – picked up by or sent to pharmacy.
    b. RMHC and South West Centre – Nurses will generate a paper LOA report, complete and sign as appropriate and fax to pharmacy.
2. The site specific process for dispensing meds for LOAs does not change.

What is Changed after HUGO

1. Pharmacy will not see orders to discontinue medications.
2. There is no alert (a message) to let pharmacists know that an LOA has been dispensed.

3. There is a risk that pharmacy may not be aware that there are changes to prescriptions between the time the LOA request was sent from the unit and the time it is dispensed in Pharmacy.

What does this Mean

1. Nurses must carefully check the LOA meds dispensed against the patient's MAR prior to giving the LOA meds to the client.
2. There may have been changes to the med orders after the LOA was processed.

Important Pharmacy will continue to ensure medications dispensed for LOAs are accurate and up to date at the point in time the prescription is checked.

Leave of Absence (LOA) Requiring Medication Patient Administration Process (LHSC)

This process aligns with the LHSC Corporate Policy PCC081 Patient Leave of Absence

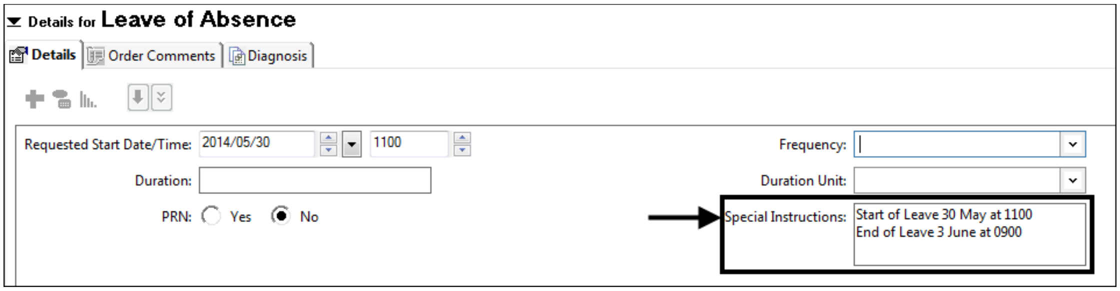
Ordering the LOA

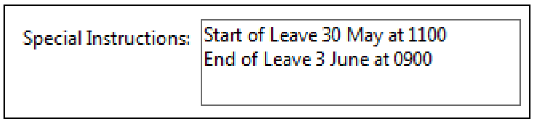
1. Provider to add COMMON - Leave of Absence (Module) to **Orders** Tab
2. Complete details of **Leave of Absence** order including:
   a. Start date and time
   b. Length of time
   c. Accompaniment etc. in special instructions.
3. Complete the **Leave of Absence-Pharmacy Medication Request** order including the:
   a. Priority
   b. Start date
   c. A time
   d. Any instructions to pharmacy e.g. 72 hours
4. Initiate the PowerPlan.

Leave of Absence Order – Start/End Date and Time

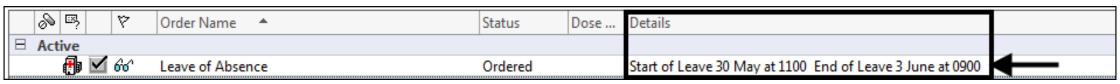
The **Leave of Absence** order has a field to identify a **Requested Start Date/Time** but there is no field, currently, to identify a **Requested Stop Date/Time**.

Therefore, please enter the **Start** and **End** dates of the leave in the **Special Instructions** field of the order details.





What you type in the **Specialist Instructions** field appears in the **Details** column of this order on the **Orders** page.



Entering your specific requests dates for a leave will ensure clear directions and indications to other staff of the status of that patient.

MAR - ADMINISTERING MEDICATIONS

The majority of medications will be administered using closed loop medication administration – scanning the armband > scanning the medication > administering the medication > signing. However, you may be required to sign-off medication that you as a provider have given.

1. Click **MAR** from the table of contents menu.
2. Find the medication order on the MAR.
3. Click the blue box (if scheduled) or the green box (if PRN) in the administration column of **ondansetron**.
4. The Chart Details dialog box opens. Here we can see the full order. It defaults today and now and the person logged in.
5. Click the **Sign** icon to document and close the dialog box.
6. The administration box turns grey and displays the word **Complete**.
7. Refresh the screen and the administration is now documented under the appropriate time with that medication on the administration line.

Medication Reconciliation

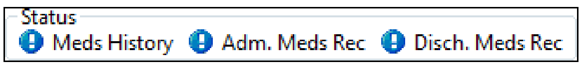
Medication reconciliation allows the clinician to document a patient's historical (home) medications and reconcile medications. Online medication reconciliations are to be performed by providers only.

Medication reconciliation is accessed from the **Orders** or **Medication List** components of the table of contents menu.

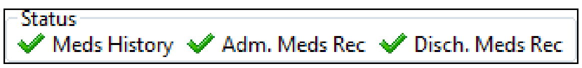
The phases to online medication reconciliation:

1. Medication History (Document by Hx);
2. Admission Medication Reconciliation;
3. Transfer Medication Reconciliation;
4. Discharge Medication Reconciliation.

Initially the status of the three phases will show incomplete as evidenced by blue exclamation marks. Each new encounter will reset this status bar.



As each step is completed, a green check mark will precede the phase.



Important	Transfer medication reconciliation is to be completed each time a patient moves from one level of care to another. This is an excellent opportunity to refresh the patient's medication regime to reflect their current and sometimes drastic changes in condition. Please refer to the policies of the facility in which you are practicing, as well as the practices of the services between which the transfers are taking place.

Reconciliation Icons

Icon	Icon Description	What the icon means
	Blue and white exclamation mark	Work has not yet been addressed
	Green check mark	Work has been completed
	Blue re-cycling icon	Work is incomplete

Accessing Medication Reconciliation

Order and Medication List

Medication reconciliation is accessed from the **Orders** or **Medication List** components of the table of contents menu. You can click on **Document Medication by Hx**.

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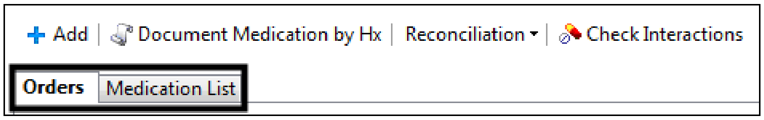


Best Possible Medication History

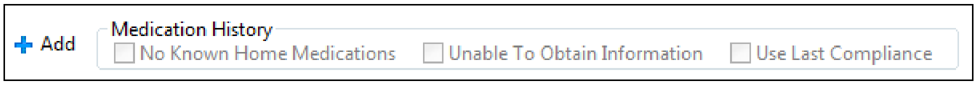
Accuracy

Completion of the “Document Meds by Hx” page becomes your BPMH. When completing a Best Possible Medication History, here are a few pointers that may be of use.

- Avoid Free-Texting medications and dosages. The information available to providers at the time of Reconciliation (admission and otherwise) is only as good as the list of documented medications. The greater the accuracy of the BPMH, the easier it will be to complete reconciliations.
- Choosing a drug with an associated dosage in the title, but changing the dosage in the order details, can be confusing and will not translate properly across the reconciliation (eg. **Venlafaxine (150mg tab)**, 125 mg, oral, daily). It is appropriate in these cases to choose medications that have no dosage information associated with them e.g. choose **<NONE> option**.
- The BPMH ***MUST*** be completed prior to reconciliations. Without them, the task is impossible to complete.
- Not every Med History, or Reconciliation will be presented to you in a clear concise manner. For example, the pateint may be confused or unable to speak and no family is present.
- When the patient leaves your care, the information you’ve provided in your Discharge Reconciliation will become the new Medication History on their next encounter. This tells the provider on the patient’s next encounter what medications they were on when they left the hospital.

Medication History

When a medication history is unknown or non-existent, the proper method for indicating this is found in the upper left hand corner of the window.



No Known Home Medications	Only available if the patient has <u>not</u> had any medications entered into the system in the past or the patient has no known home medication.
Unable to Obtain Information	If you are unable to obtain medication information. The nurse will try to gain information within 24 hours and if that time passes a system generated reminder to readdress BPMH will appear the next time you log into PowerChart.
Use Last Compliance	Only available if the patient <u>has</u> had a prior encounter with entries made and the medications are unchanged since the last encounter.

Order Catalogue when Adding Medication to BPMH

This medication catalogue includes:

- Medications (generic and trade names) currently in use in Canada,
- Vitamin and mineral options, and
- Many of the frequently used herbals.

This medication catalogue does not include any homeopathic remedies and research medications.

If you are having difficulty searching a medication please use the following strategies:

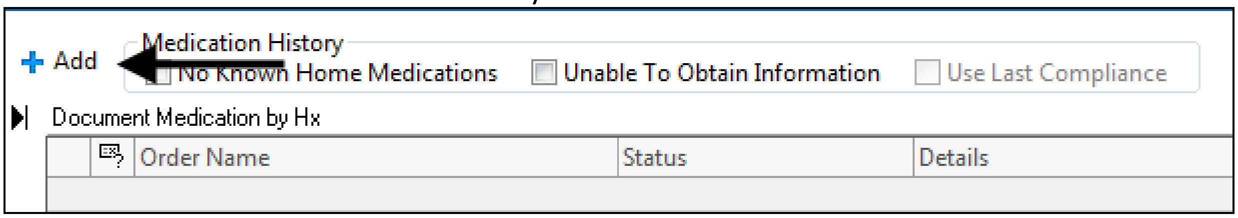
- Check your spelling,
- Use the generic name as this will yield better results as well as a better translation of doses and schedules through all types of reconciliation,
- Call your pharmacist for help,
- Search and use the **nonformulary** medication order only when unable to find the medication.

Search and use **medication template** only when unable to find the medication or to use as a placeholder while investigating exactly what the patient is taking, e.g., “I take a pink pill for blood pressure."

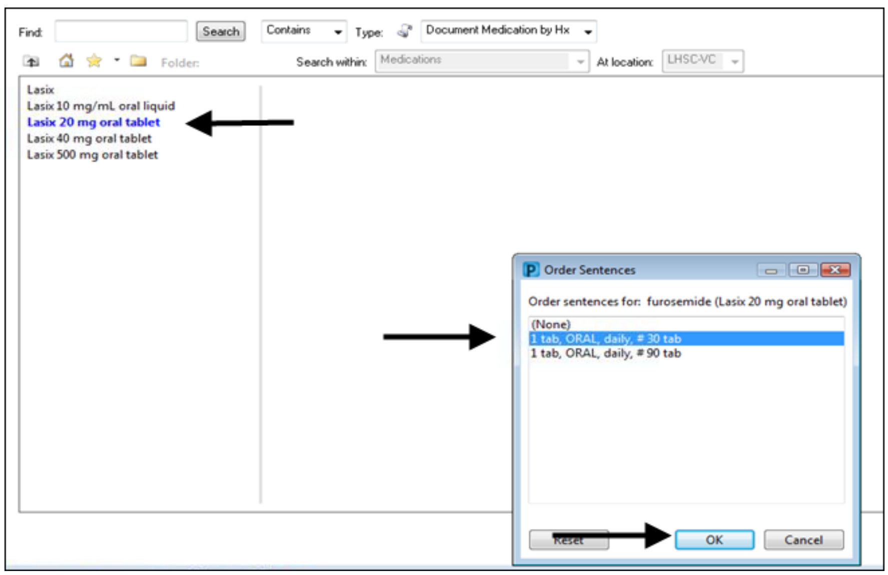
Medication template cannot be **Continued** when performing medication reconciliation as there is no corresponding order. If the medication needs to be continued in hospital then it needs to be entered as a non-formulary order in the inpatient catalogue.

Add a Medication in the BPMH

1. Click **Add** in the Document Medication by Hx window.



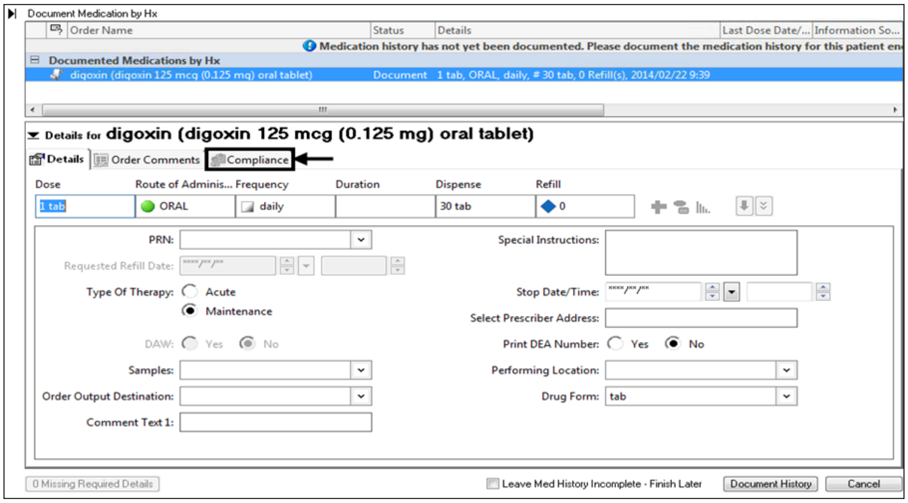
2. Type the medication in the **Find** field.
3. Select the medication.
4. Choose the **order sentence** that best matches what the patient is taking.



5. Click **OK**.
6. Click Done.
7. Add all required information in Order Details.
8. Click **Document History.**

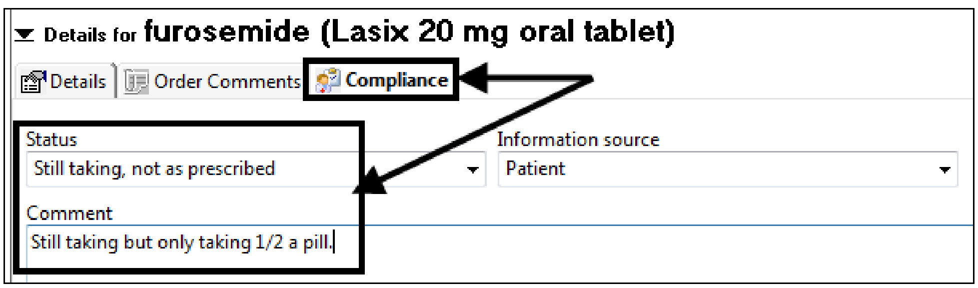
Compliance

1. When completing medication history for your patient, it is important to address compliance by clicking the **Compliance** tab.



2. Defaults to **Still taking as prescribed**.

3. If you change the compliance to **Still Taking Not as Prescribed** you must enter a **Comment** (<u>title will flash</u>), e.g., Still taking but only every second day or only ½ a pill.

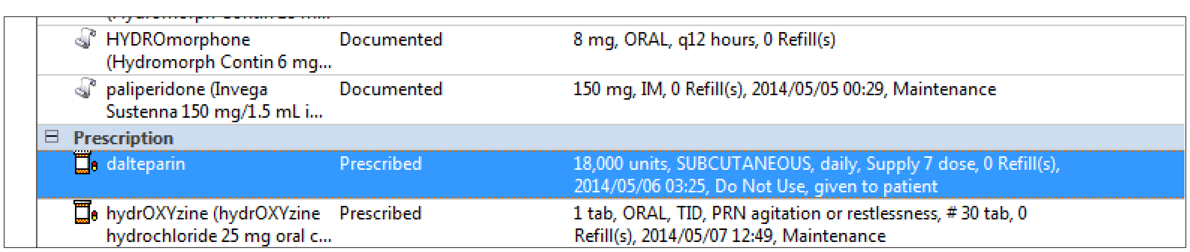


Compliance should NEVER be entered in the **Details** tab or the **Order Comments** tab.

Cleaning Up a Documented Medications by Hx

Expired Prescriptions

It is not uncommon to find expired prescriptions on a patient's list of medications. Try to remove the defunct prescriptions if you feel like it would help to clean up the Documented Medications by Hx.



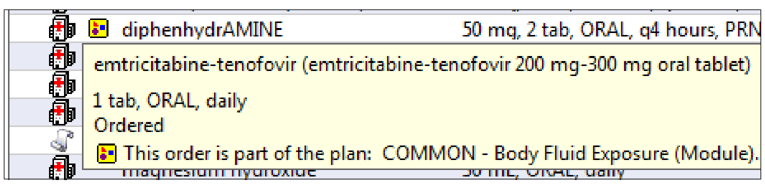
In the above image, only 7 doses of Dalteparin were dispensed well over one month ago, but the prescription remains. The Dalteparin should be removed, or updated to reflect changes that might have been made at a follow-up visit. See **Cancelling a Medication** to remove a home medication.

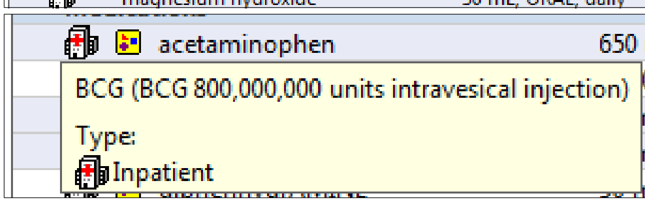
Below that order, thirty Hydroxyzine tabs were dispensed, but in contrast, the ordering details for this medication were specified as being a "Maintenance" dose. The hydroxyzine needs to be reviewed, to ensure that the patient has either stopped taking this medication, or that it need to be renewed or modified.

Deciphering the Reconciliation

Due to the workflow of some areas, a patient may have initiated orders for their encounter prior to having had their Admission Reconciliation. In these cases it is important for you to know where these orders come from, or how they were generated. Each medication will have an icon associated with it for that purpose. Some medications may have multiple icons.

If you are unsure what an icon respresents, hover the pointer of your mouse over the icons on the left to display a text box describing the icon.



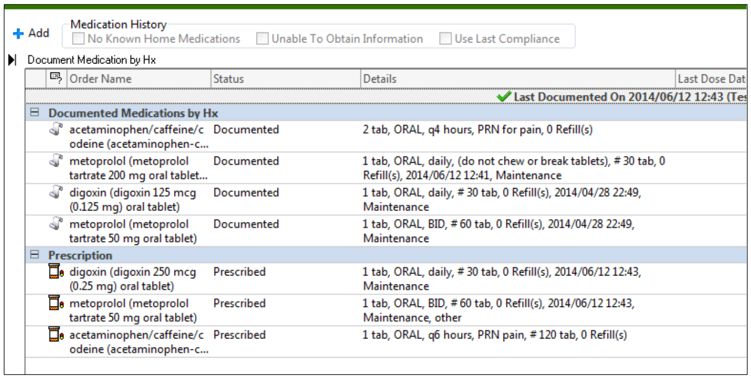


Inconsistencies in Medication History

You may need to makes changes to the history when there are inconsistencies between the history provided by a patient or care-giver, and what is on record in our online Medication History.

How to Look for Inconsistences

1. Review each medication listed in the **Medication History**
   Example, a patient indicates a med is a maintenance medication ie. Beta blocker vs acute med prescription for antibiotics.



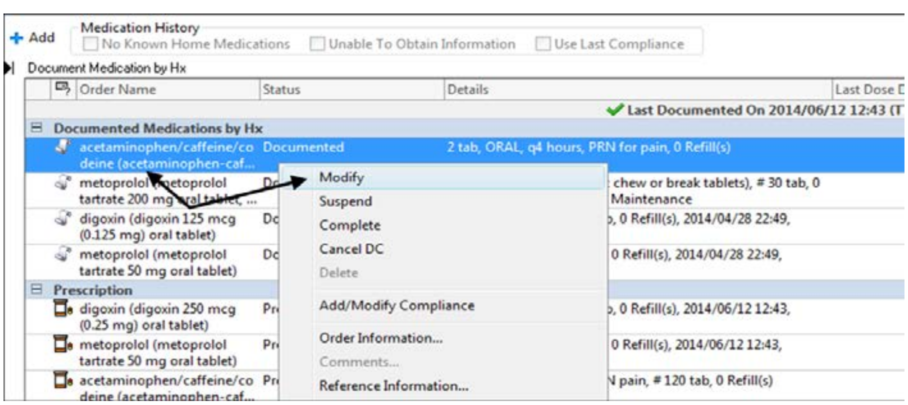
How to Fix Inconsistences

Adding a Medication

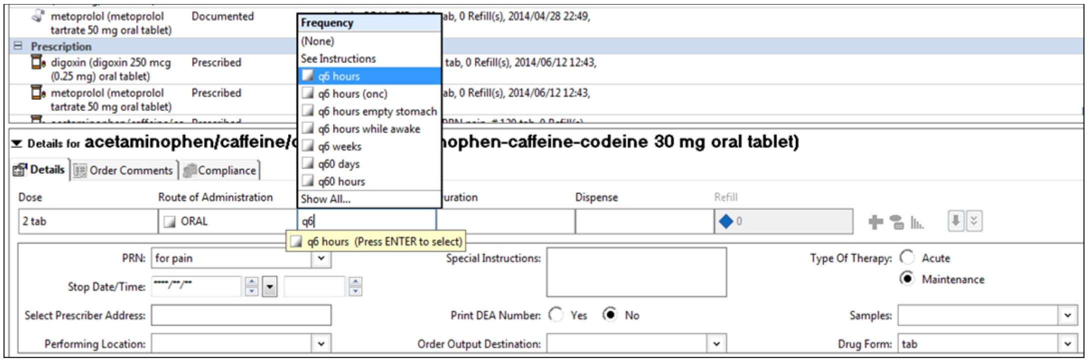
1. Click the + Add button In the upper left hand corner of the screen.
2. Type the medication in the **Find** field.
3. Select the medication.
4. Click **Done**.
5. Add all pertinent information.

Modifying a Medication

1. Click on the medication in question.
2. Right-click on the medication.
3. Then click **Modify** from the shortcut menu.



4. Change all pertinent information in the **Details** box at the bottom of the screen. In our example, notice the medication is being changed from q4, to q6 hrs in this example.

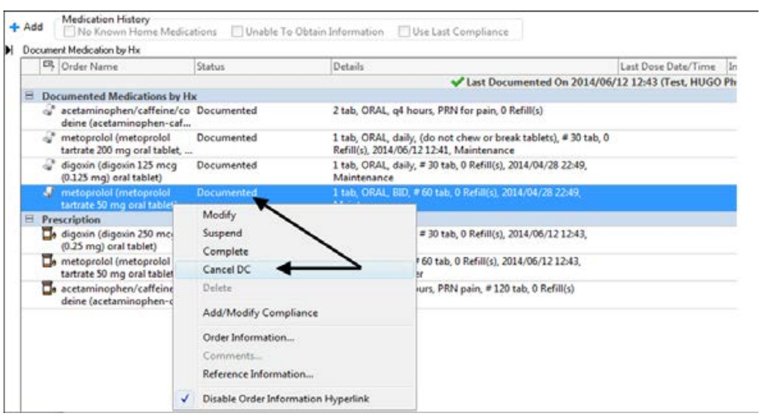


5. You can hide the order details by clicking the small arrow to the left of the order details window, and proceed to the next medication that requires your attention.

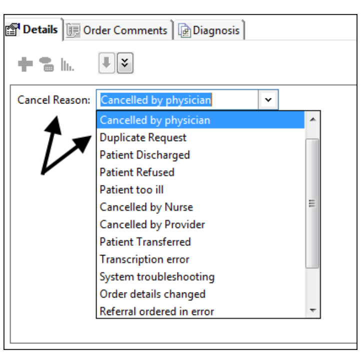
Cancelling a Medication

If a medication is no longer being used by a patient, or they have, since their last visit, had the medication discontinued for them by another health professional, the medication can be removed from the history of active medications.

1. Highlight the medication you wish to stop.
2. Right-click on the medication to a display shortcut menu.
3. Select **Cancel DC** from the list of options.



4. Choose a **Cancel Reason** from the drop menu.

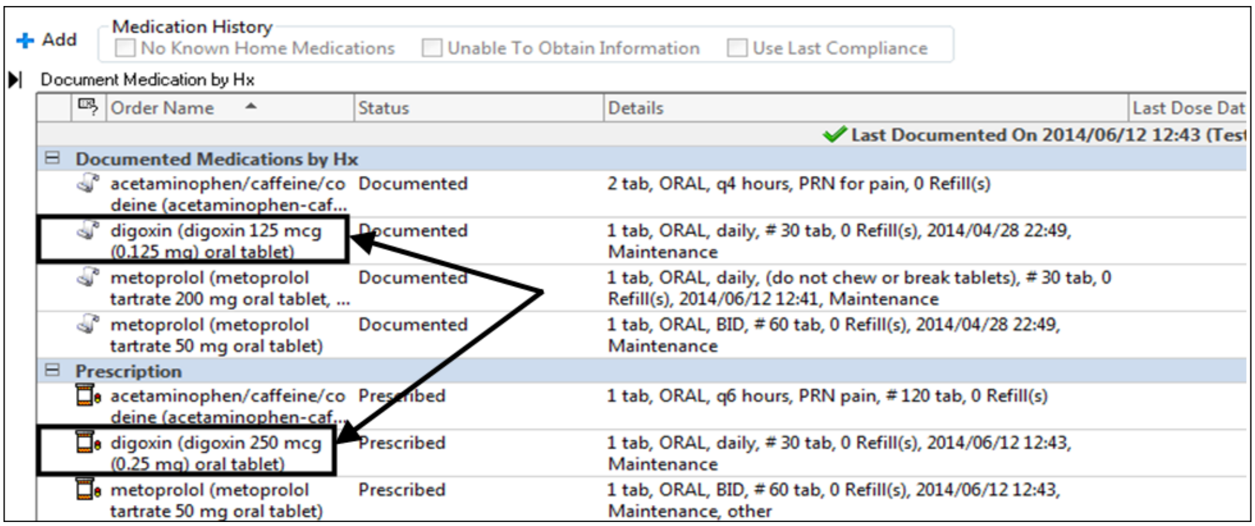


5. Once the details have been completed to your satisfaction, you can again minimize the details window once again with the small black arrow in the upper left hand corner.

Duplicate or Similar Orders

Duplicates or similar entries can be challenging to spot immediately. Keep in mind that the **Documented Meds by Hx** list will populate medications by category first (i.e. home meds, the prescriptions) then by alphabetical order.

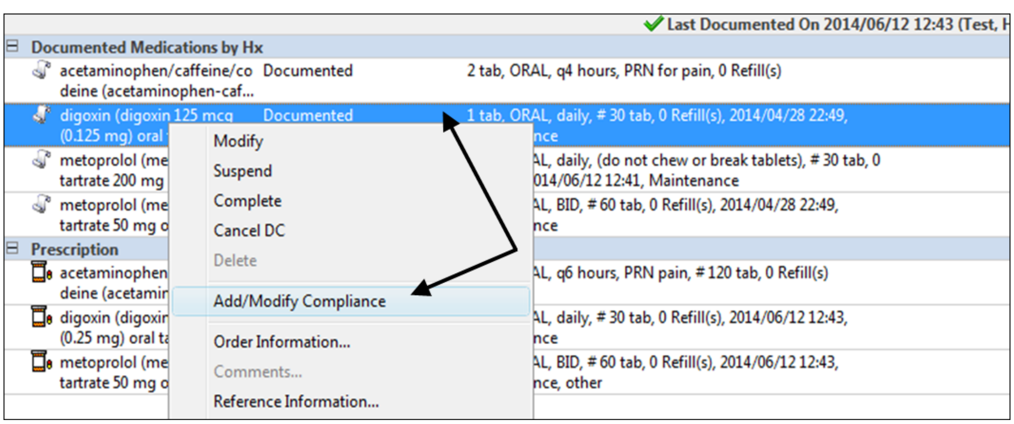
Important	Please note that if a patient has **Lasix** and **Furosemide** entered in their history, they will both appear. The task of finding duplicates is not always an obvious one. In that same respect if a patient has a **Lipitor prescription**, and **home med**, they too will appear in each section of the Documented Meds by Hx, as in the case below.



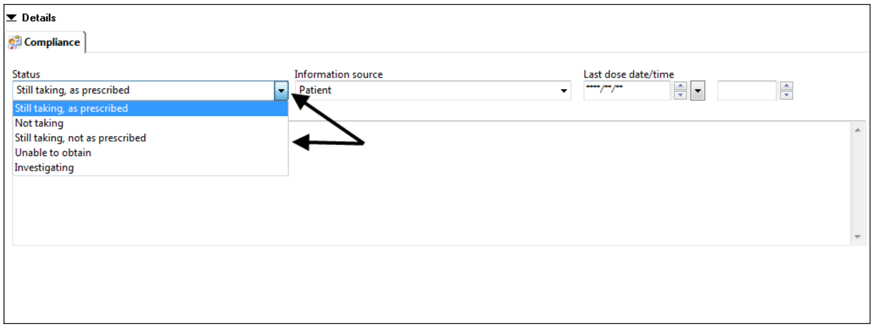
Patient Compliance

Patient compliance can also be modified. This is used to reflect a self-imposed change in the patient's medication regime.

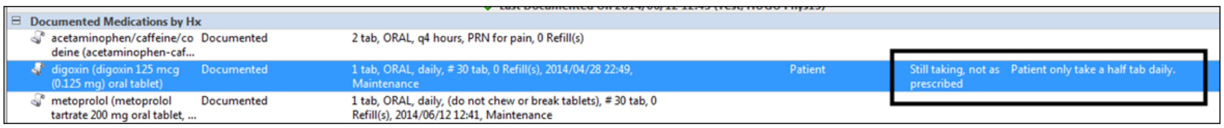
1. Highlight the medication you wish to change.
2. Right-click on the medication to display a shortcut menu.
3. Select **Modify** on the menu.



4. Choose an option form the **Status** menu.
5. Fill in all required fields.
6. Again, you minimized with the black arrow in the upper left hand corner.



When the compliance has been modified it will appear to the right of the medication.



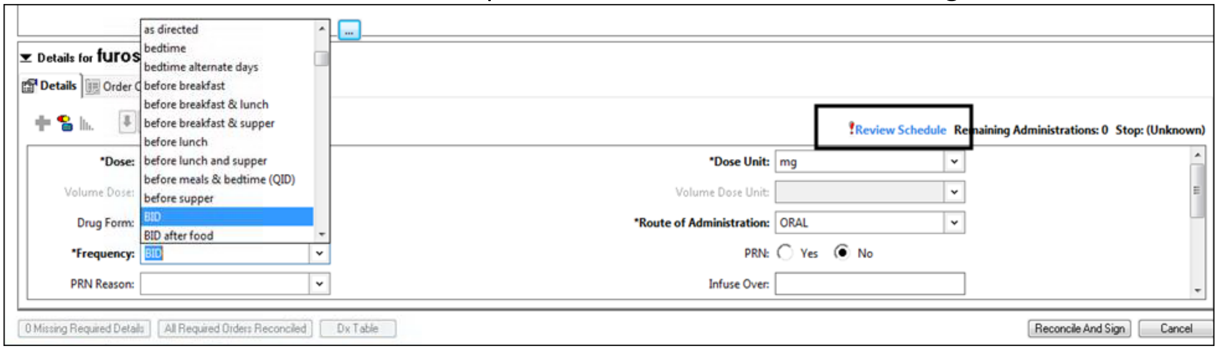
How to Stop Inconsistences

What not to do	**Choose the correct function**
Re-prescribe a home medication in the outpatient setting, now both medications have to be reconciled at discharge.	Convert to Prescription or Convert to Inpatient Order
Re-prescribe a home medication to increase a dosage.	Cancel / Reorder
Re-prescribe when the paperwork is lost or the printer the prescription was sent to is now not available.	Resend allows you to re-print the prescription and choose another printer if required
Leave medications no longer used – such as antibiotics.	Complete to remove medications from the list

Last Dose

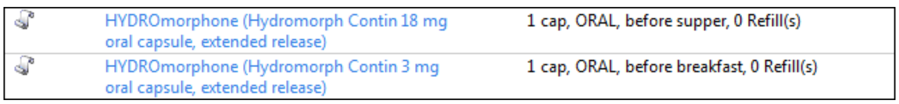
When documenting med history it is important to put in the **Last Dose** in the **Order Details**. When completing the Med Rec and converting orders you need to look at the

schedule, click **Review Schedule** and pick the next scheduled dose to be given.



Patient Taking Medication More than Once Per Day with Different Doses

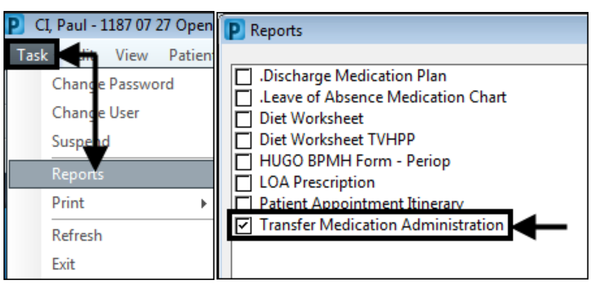
If a patient takes 2 pills, one 18 mg and one 3 mg, you must document the medication per dose in the patient's medication history, with one showing the 18 mg and one showing the 3 mg. This will facilitate proper admission medication reconciliation by the provider.



Printing the BPMH

Facilities may elect to print out a Medication history or BPMH. This is a common need in cases of inter-facility transfers. This may prove especially useful for patients going to non-cerner/non-HUGO facilities.

1. Click **Task** on the **menu bar**.
2. Click **Reports**.
3. Place a checkmark in the **Transfer Medication Administration** box.
4. Click **Print**.



Documenting Medication History for a Unknown Medication

With a medication template you get to specify the details provided to you by a patient (or family, or friend) that does not force you to conform to the fields that usually accompany other templates.

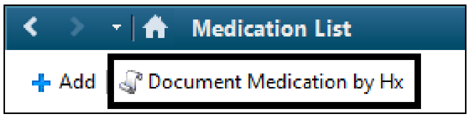
The entries generated through this method cannot be reconciled. They will appear on the list of medications but will not be matched to any entries in the pharmacy catalogue of existing or formulary medications.

Non-Formulary Tip

Rather than using the non-formulary template, please try to find a match in the catalogue. You can then modify the strength of the med or modify the order sentence. If you cannot find a medication, call Pharmacy for further assistance.

Add Non-Formulatry Medication Using the Template

1. Click **Medication List** on the table of contents menu.
2. Click **Document Medication by Hx**.



3. The **Document Medication by Hx** window opens.
4. Click the Add icon.
5. The **Add Order** window opens.
6. Type **`medication template`** in the **Find** field.

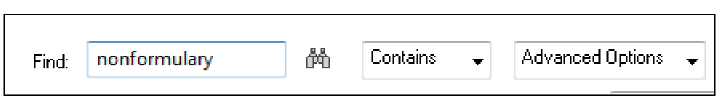
7. Click **medication template** from the list of results.

8. Click the Done button.
9. Complete the details accordingly, there are no mandatory fields.
10. Click Add if you need to add more medications or click the Document History button if all medications have been documented.

Ordering a Medication when the Medication Cannot be Found in Order Catalogue

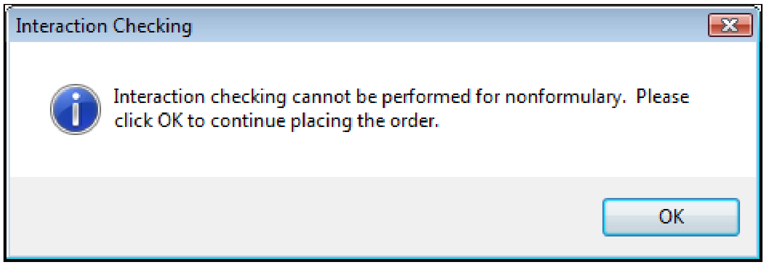
1. Click **Add** beside **Orders** on the table of contents menu.

2. Type **`nonformulary`** in the **Find** field.

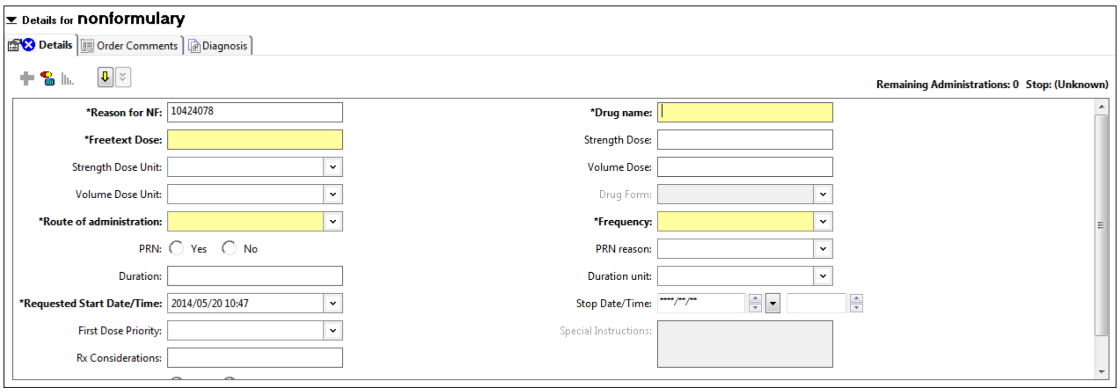


3. Click **nonformulary.**

4. The following message regarding **Interaction Checking** appears.



5. Click the OK button to continue.
6. Click the Done button.
7. In the **Details** fill in all mandatory fields.



8. Click the Sign button.
9. Refresh the screen.

Admission Reconciliation

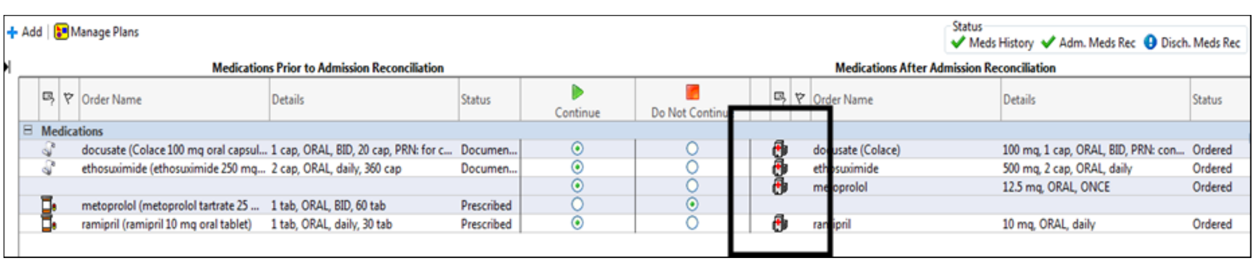
Admission

Provided a complete and accurate Medication history, the work of the Admission Reconciliation is straight forward.

There are two choices.

- Continue a medication
- Do Not Contine a medication

With each med you have the option of continuing the medication and altering the dosage or frequencies by …choose Continue and then on the right side they click on the medication to bring up the order details to change the appropriate field.

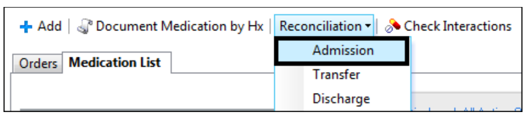


Notice that the icons now reflect that these are Inpatient medications.

- Once the medication appears in the right hand column, highlight it, and the order details will appear in the lower half of the screen. You may need to increase or improve the visual field of this window by dragging the margin upwards.
- From here incomplete order details or details that you need to modify can be done so easily.
- Work your way down the list keeping in mind that choosing to continue a medication is in no way an indication that you are committing to that historical dosage, schedule, or even route.

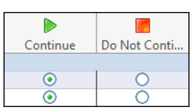
Complete Admission Reconciliation

1. Access admission medication reconciliation from the **Reconciliation** drop-down and select **Admission**.



Note: Providers cannot reconcile a patient's admission medications until the historical (home) medications have been documented /updated.

2. The providers will have a visual indicator (orange star) next to the medication indicating the medication has not been reconciled. Also, a numeric indicator (bottom left) will display with the count of unreconciled orders.
3. The **Order Reconciliation** window opens and there are two sections:
   a. **Medications Prior to Admission** (historical medications and prescriptions);
   b. **Medications after Admission Reconciliation** (inpatient medications).
4. Take the appropriate action on each medication listed **Continue** or **Do Not Continue**.



Note: Continued or Reconciled medications can still be modified to suit the needs of the patient's plan of care.

5. When all medications are reconciled and order details are complete, click 

.

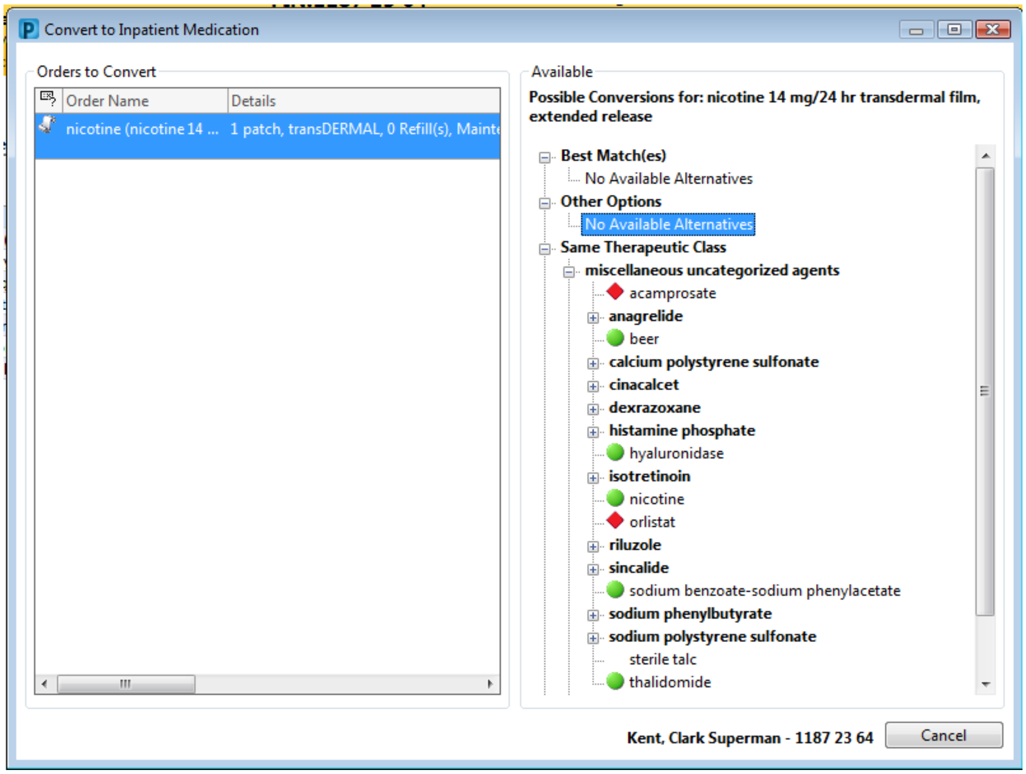
Formulary v Non-Formulary Medications

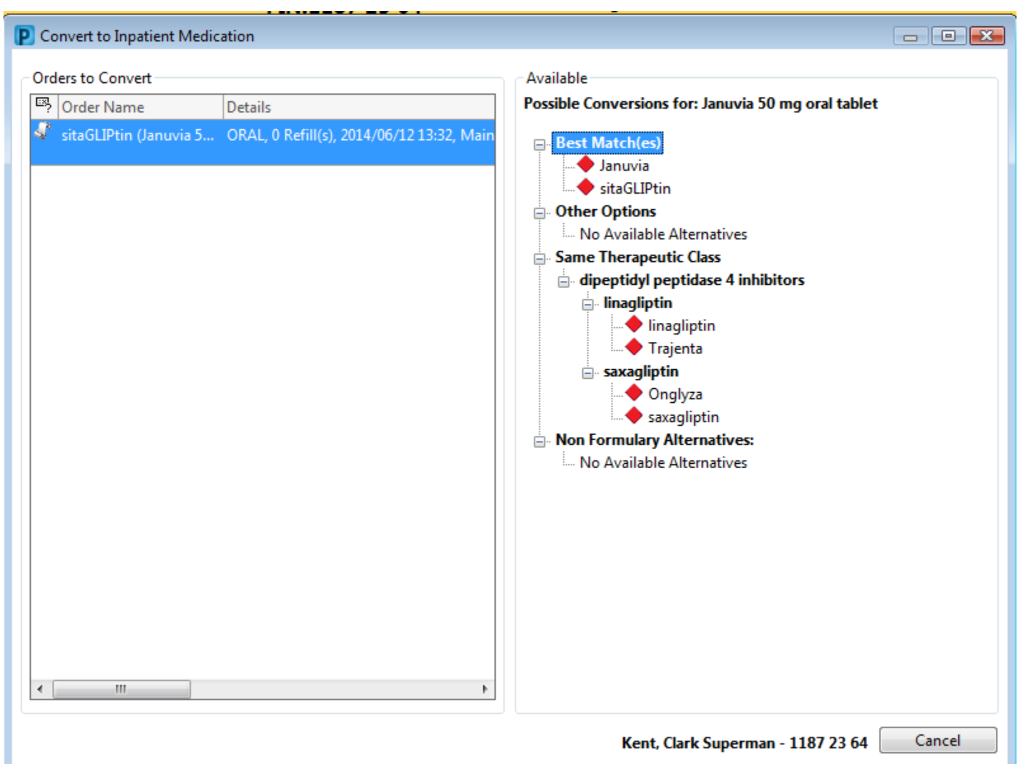
In the event that the patient is on a medication that is not stocked at your facility, a red diamond will appear beside the medication if/when you choose to continue it.

It will generate a new pop-up window that may provide you with some alternatives or options in ordering a replacement. Drilling down through these folders may yield a

variety of options that you may find suitable as a replacement for the medication in question.

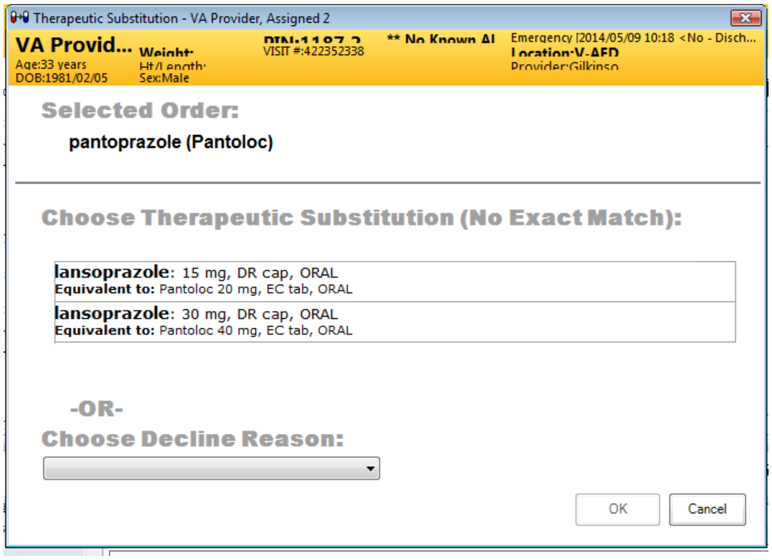
- Green Circles indicate that it is a formulary, or in-stock choice.
- A Red Diamond indicates a non-formulary choice.
- Some medications have no replacement options at all.





Auto-substitutions

Some home medications will be automatically substituted when the decision is made to continue them in hospital. These Auto-Sub decisions will appear as shown below.

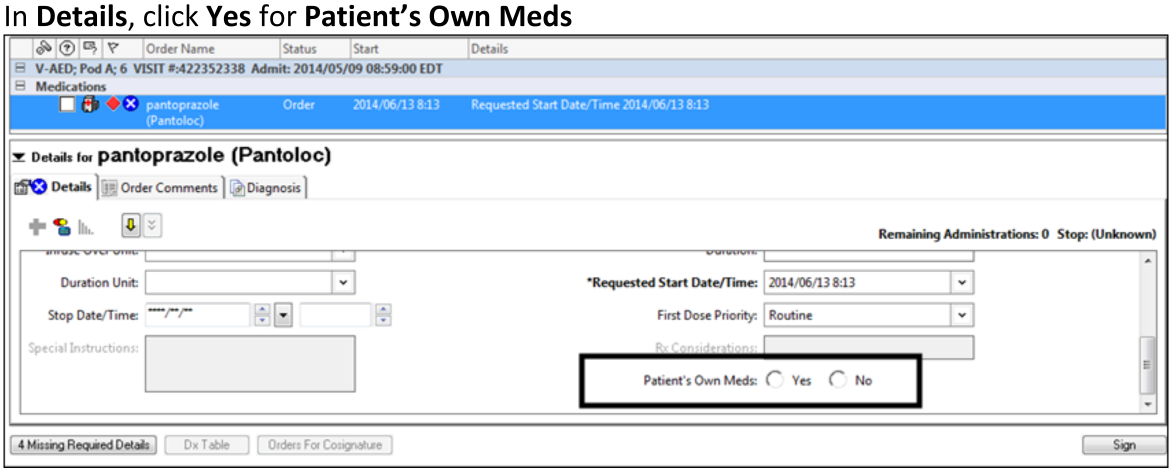


You may at this point choose to accept or decline the substitution, and have the patient take their own supply of medications.

Patient's Own Meds

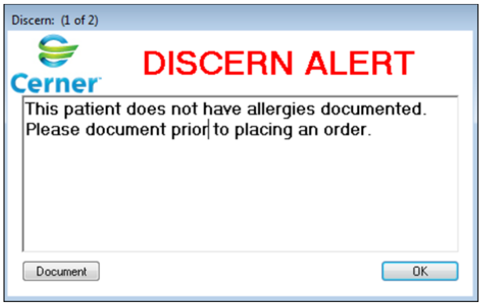
You may choose to order a non-formulary medication for a patient for various reasons. If it's the patient's own medication you must indicate this.

1. In **Details**, click **Yes** for **Patient's Own Meds**



Possible Error Messages

When using the Reconciliation windows, you may get various error messages.



Allergy Alert

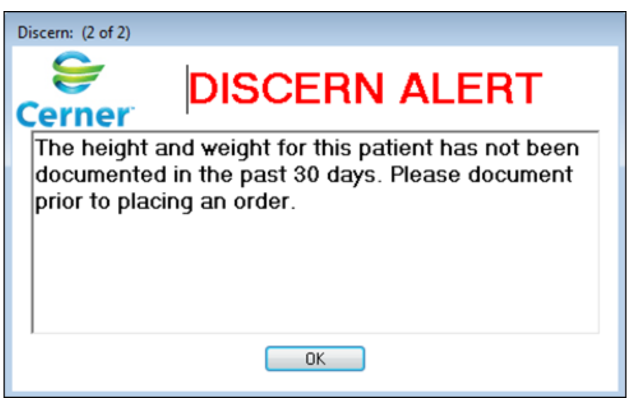
An Allergy Status notification is no longer a “Hard Stop” alert. It will now allow you to proceed past the warning.

If you wish to enter an allergy from this warning, you may continue to do so.

1. From the **Discern Alert** window select the option to document an allergy.
2. You will be taken to a new pop-up window.
3. Right-click anywhere in the blank white area.
4. Select **Drug Allergy**.
5. You will be taken to the Allergy documenting tool.
6. Once the allergy has been recorded, click **OK**.
7. Continue to your next task.

Height and Weight Alert

You may also get a notification that the Height and Weight have not been recently documented on this patient. This is not a “Hard-Stop” Alert, and can be bypassed.



Medication Alert

An “Interaction Checking” message is a notification that the medication you have entered is not recognized by our pharmacy tools, and will not be able to compare this entry to the other medications that are ordered for this patient to check for possible interactions.

Differences between the Admission and Transfer Reconciliations

Some of the key differences between the Admission and Transfer Reconciliations are as follows.

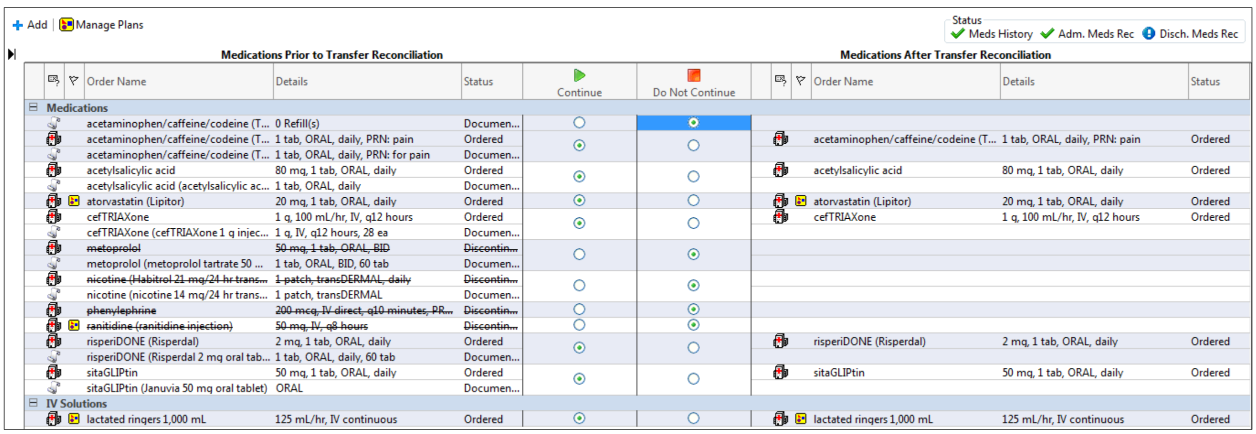
Admission Reconciliation

- Home medications that were initially continued on admission will be grouped with their in-hospital, carried-over counterparts. You will not get a Radio button for each medication.

Transfer Reconciliation

- Home medications that were not continued initially will be blank once again, and left for you to reconcile.
- Medications that appear without their “as per home” counterparts were ordered in hospital.
- Icons will also appear if the medication was ordered via an initiated plan.
- Transfer Reconciliations cannot be signed until they are completed.

Important	When you are accepting a Transfer, you may need to D/C medication from the previous service no longer needed ie. Med Admission first prior to reconciliation and ordering of new meds.



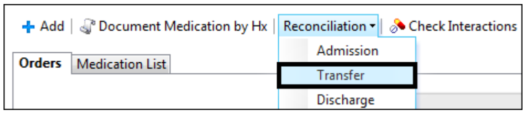
Transfer Medication Reconciliation

Transfer medication reconciliation is to be completed each time a patient moves from one level of care to another, e.g. critical care to inpatient unit, pre-op to post-op, or inpatient unit to long term care, etc. (Please revise per Lori O’Brien’s email)

This is an excellent opportunity to refresh the patient’s medication regime to reflect their current and sometimes drastic changes in condition. The Transfer Med Rec is almost identical in appearance to the admission Med Rec.

Complete Transfer Reconciliation

1. Access transfer medication reconciliation from the **Reconciliation** drop-down list and select **Transfer**.

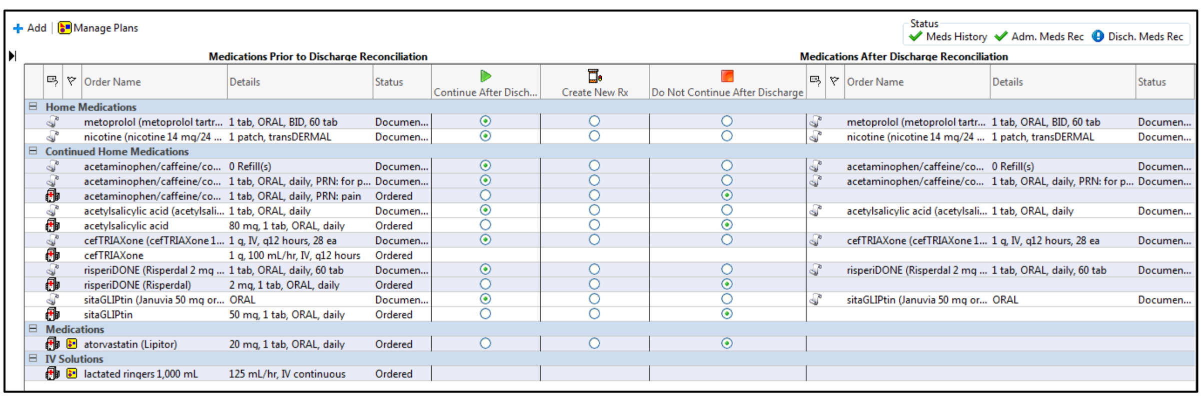


2. The **Order Reconciliation** window opens and there are two sections
   a. **Medications Prior to Transfer Reconciliation** (historical medications and current inpatient orders);
   b. **Medications after Transfer Reconciliation** (new inpatient orders).
3. For each medication, choose to **Continue** or **Do Not Continue**.
4. When all medications are reconciled and order details are complete click Reconcile And Sign

Transfer to Discharge Reconciliation

When these changes move from the Transfer to the Discharge Reconciliation you'll notice the following changes. These are default settings.

- Even though some home medications were continued in hospital, then discontinued on the Transfer, they will once again default to "Continue" on discharge, because they are home medications. They will appear at the top of the list.
- In-hospital meds that were marked as "Do Not Continue" on the Transfer will not re-appear in the discharge list. They remain discontinued.

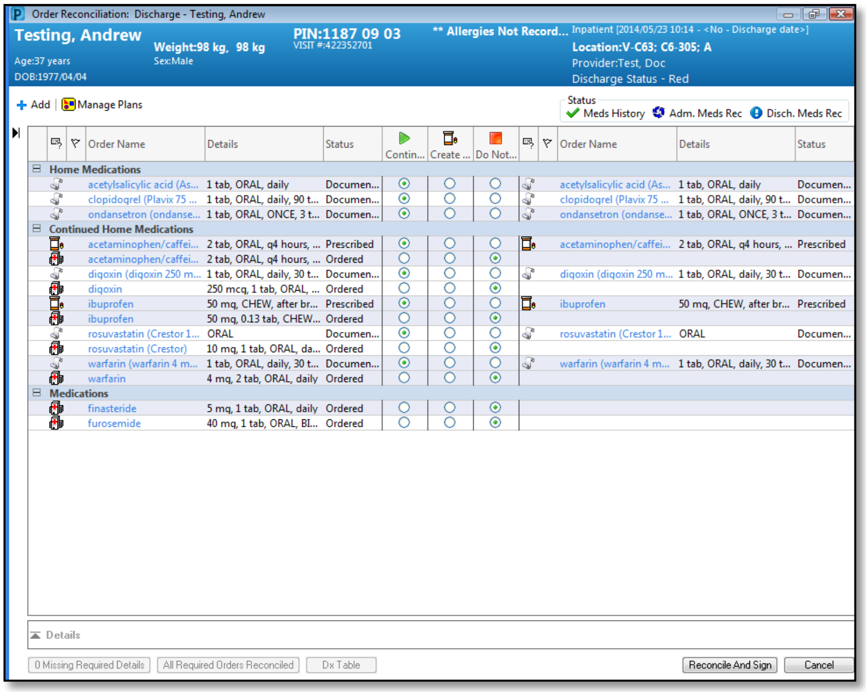


Medications Prior to Discharge Reconciliation						Medications After Discharge Reconciliation		
Order Name	Details	Status	Continue After Disch...	Create New Rx	Do Not Continue After Discharge	Order Name	Details	Status
Home Medications								
metoprolol (metoprolol tartr...	1 tab, ORAL, BID, 60 tab	Documen...				metoprolol (metoprolol tartr...	1 tab, ORAL, BID, 60 tab	Documen...
nicotine (nicotine 14 mg/24 ...	1 patch, transDERMAL	Documen...				nicotine (nicotine 14 mg/24 ...	1 patch, transDERMAL	Documen...
Continued Home Medications								
acetaminophen/caffeine/co...	0 Refill(s)	Documen...				acetaminophen/caffeine/co...	0 Refill(s)	Documen...
acetaminophen/caffeine/co...	1 tab, ORAL, daily, PRN: for p...	Documen...				acetaminophen/caffeine/co...	1 tab, ORAL, daily, PRN: for p...	Documen...
acetaminophen/caffeine/co...	1 tab, ORAL, daily, PRN: pain	Ordered						
acetylsalicylic acid (acetylsali...	1 tab, ORAL, daily	Documen...				acetylsalicylic acid (acetylsali...	1 tab, ORAL, daily	Documen...
acetylsalicylic acid	80 mg, 1 tab, ORAL, daily	Ordered						
cefTRIAXone (cefTRIAXone 1...	1 g, IV, q12 hours, 28 ea	Documen...				cefTRIAXone (cefTRIAXone 1...	1 g, IV, q12 hours, 28 ea	Documen...
cefTRIAXone	1 g, 100 mL/hr, IV, q12 hours	Ordered						
risperiDONE (Risperdal 2 mg ...	1 tab, ORAL, daily, 60 tab	Documen...				risperiDONE (Risperdal 2 mg ...	1 tab, ORAL, daily, 60 tab	Documen...
risperiDONE (Risperdal)	2 mg, 1 tab, ORAL, daily	Ordered						
sitaGLIPtin (Januvia 50 mg or...	ORAL	Documen...				sitaGLIPtin (Januvia 50 mg or...	ORAL	Documen...
sitaGLIPtin	50 mg, 1 tab, ORAL, daily	Ordered						
Medications								
atorvastatin (Lipitor)	20 mg, 1 tab, ORAL, daily	Ordered						
IV Solutions								
lactated ringers 1,000 mL	125 mL/hr, IV continuous	Ordered						

Discharge Medication Reconciliation

Three (3) different sections may be displayed:

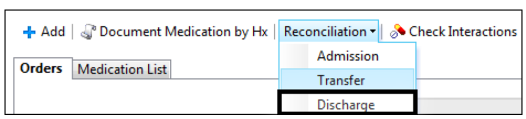
a. **Home Medications** – This section shows home medications that have not been ordered as inpatient medications
b. **Continued Home Medications** – These are medications that were documented Home Medications *and* were continued as Inpatient medications
c. **Medications** – These are new medication orders started in hospital. Please note: PRNs and regularly scheduled meds are grouped on the same list.



Complete Discharge Reconciliation

1. Access discharge medication reconciliation two way:

   a. From the **Reconciliation** drop-down list and select **Discharge**, or

   b. Or, click the **(+)** in the **Medication Reconciliation** section of the **Discharge Summary**.

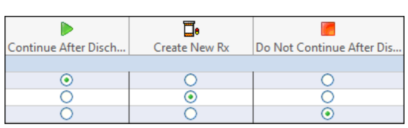
2. The **Order Reconciliation** window opens and there are two sections:

   a. **Medications Prior to Discharge Reconciliation** (historical medications, prescriptions and inpatient medications);

   b. **Medications after Discharge Reconciliation** (historical medications and prescriptions).

3. Select the status of the patient's medications after discharge.

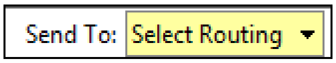
4. For each medication, you must choose **Continue After Discharge**, **Create New Rx** or **Do Not Continue After Discharge**.

5. Under **Medications Prior to Discharge Reconciliation**, all the patient's home medications, as well as medications taken while admitted, are listed.

Important	Once again, the Medications After Discharge Reconciliation can be amended by clicking the Create New Rx radio button.

6. **Create New Rx** to convert an inpatient medication to a new prescription. If the dose (or route) needs to be changed from what is currently being administered, you will be able to modify the order details as needed.
7. Selecting a routing should not be necessary. Computers in your area will be assigned a default printer. If the route needs to be changed, click the drop-arrow beside **Send To** and select the correct location. There may be some areas where there are multiple printers and selecting the routing will be necessary.



8. To add a new prescription that is not on the medications list, click the + Add button in the upper left corner and complete the order details for the new prescription.
9. When all medications are reconciled and order details are complete, click Reconcile And Sign.

Acute versus Maintenance

If the radio button for Maintenance is selected, you can avoid entering a stop date/time on the medication you are prescribing. This means that if the prescription becomes invalid, expired or discontinued, it will need to be removed from the Medication History manually.

If the Acute button is selected once you have entered a date and time for the medication to stop, the prescription will automatically fall off the Medication History.

Admissions From Home or a Non-Cerner Facility

1. Using the list of medications (on paper) sent from another facility or brought by the patient, nursing or Pharmacist completes Documented Medications by History and reviews with the patient / family. This list needs to reflect the medications the patient was on at home, prior to the hospital admission. Compliance information needs to be documented during this step. Pharmacy can be consulted to review/verify this list if any problems arise.
2. The Provider performs Admission Medication Reconciliation, assessing the need for each medication, by selecting **Continue** or **Do Not Continue**. The provider then activates these admission orders by selecting the Reconcile And Sign button.

Discharge Medication Reconciliation – follow the steps described above.

Reprint a Prescription

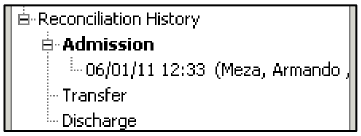
1. From the **Discharge Medications Reconciliation** window, right-click on the medications that needs to be reprinted and select **Renew**.
2. Make the necessary changes to the prescription.

3. Once completed you will again have the option to print the prescription via the **Reconcile and Sign** button at the bottom of the window.
4. Ensure the old prescription is destroyed.

View Reconciliation History

1. View reconciliation history in the navigation pane of **Orders** or **Medication List**).

2. Click the **(+)** in front of **Reconciliation History** to expand and view details.



MESSAGE CENTER

From your Message Center you are able to easily view the orders that you need to Co-Sign as well as the Pools and Proxies that you belong to, or have granted / been granted access to.

Proxy Access

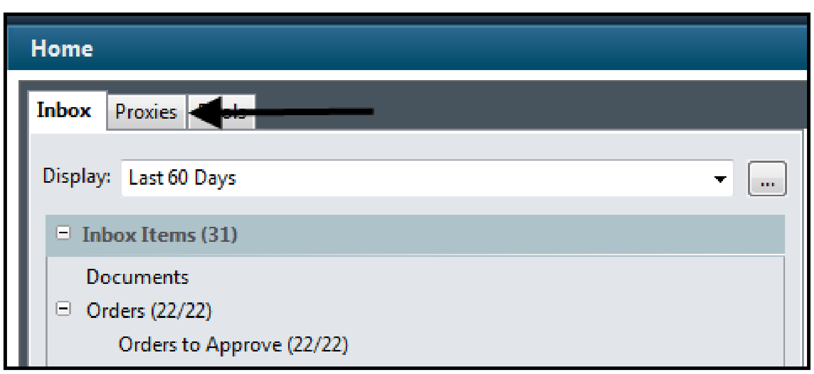
Proxies allow you to grant another provider or resident rights to your co-sign orders.

If you have been given proxy by another provider, you have rights to perform tasks on a patient outside of your patient list.

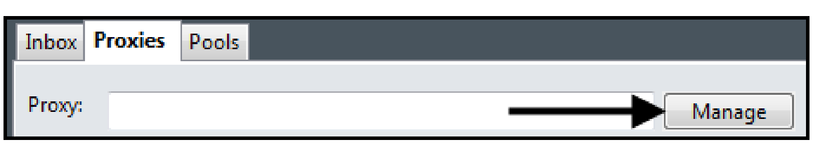
The **Proxies** tab allows you to access the messages in accounts that you have been granted access to. It also allows you to manage your account, such as granting or removing proxy to others.

Grant Proxy to Others

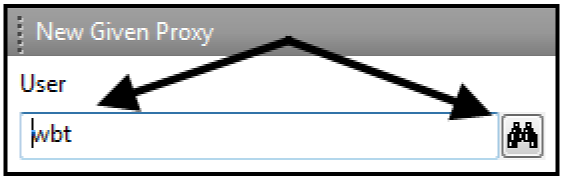
1. Click the **Proxies** tab from **Inbox Summary**.



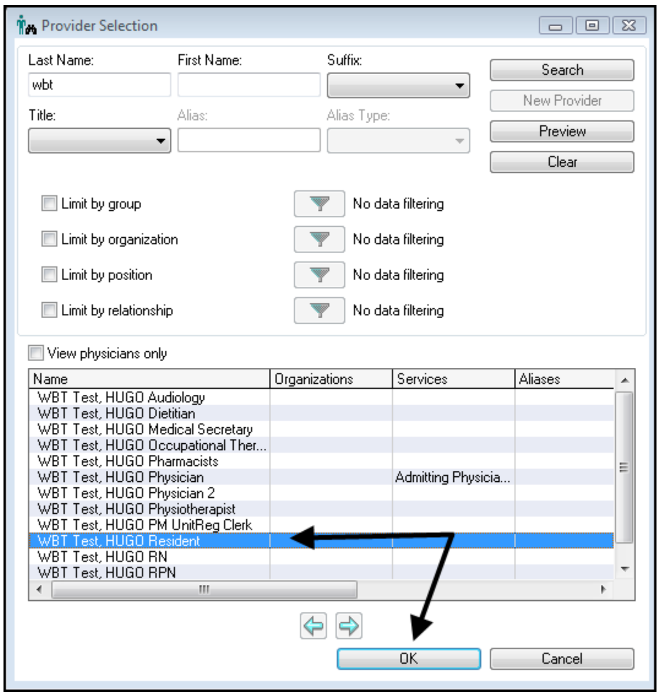
2. To the right of the **Proxy**: field, click the **Manage** button.



3. In the **User** field, type in the name to whom you want to grant proxy.
4. Click on the **binoculars** if you need to search for the name.

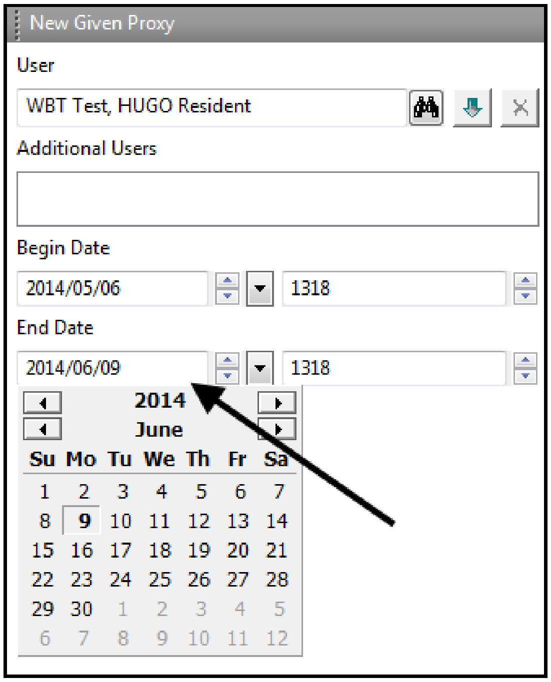


5. In the **Provider Selection** window click on the name.
6. Click the **OK** button.

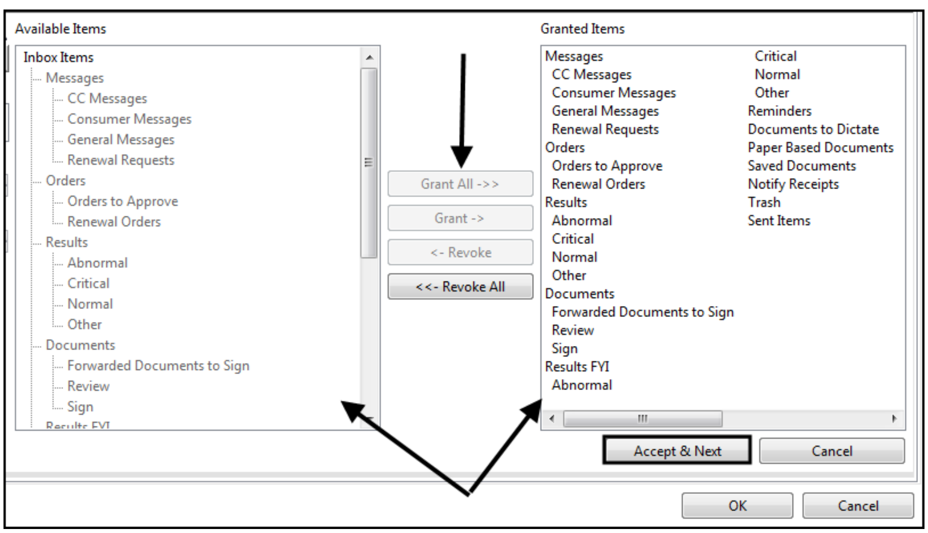


7. If required, set a **Begin Date** and **End Date** when you grant proxy.
8. You can change the date using the up and down arrows, or to set a longer date range, click the black down arrow to open the calendar.

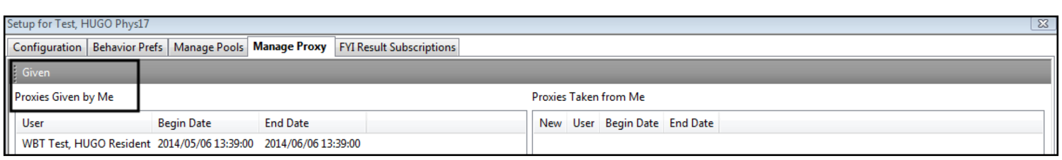
Important:	If the person being granted proxy always needs access to your account, not just for a few weeks or months, set your date to **2100/01/01** and a time of **2359**.



9. To grant access to a specific item, click the item and then click the **Grant** button.
10. To grant access to all items, click the **Grant All** button.
11. Click the **Accept & Next** button.
12. Click the **OK** button if you are finished granting proxy access.

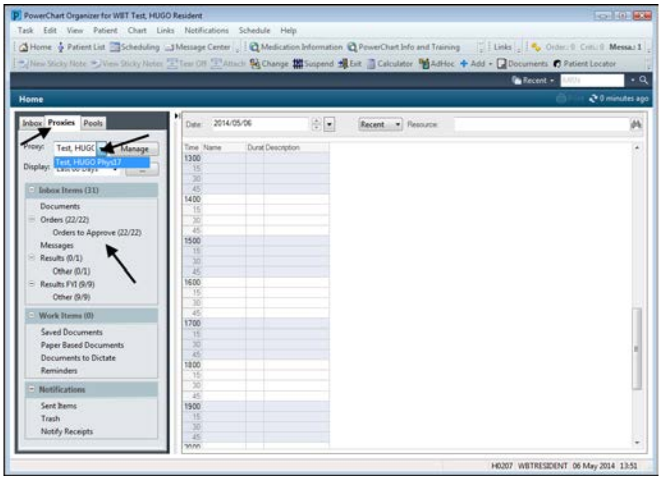


13. Click the **OK** button to close the **Settings saved successfully** message.
14. Under the **Proxies Given by Me** section, you can now see the accounts you have given proxy to, including the new resident.



Accessing an Account to Which You Have Proxy Access

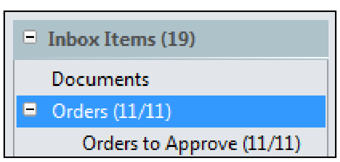
1. Click the **Proxies** tab.
2. Click the **Proxy** drop-arrow to choose an account if you have proxy access to more than one account.
3. All **Granted Items** will be available.



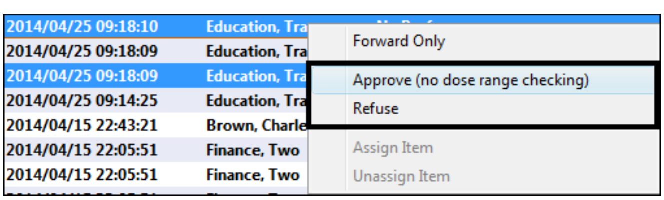
Orders and Results in Message Center

Orders

1. All verbal, phone and proposed orders entered with your name as ordering provider will appear in your **Orders** section of your Message Center Inbox.



2. This is for new, cancelled, discontinued and modified orders that are entered with the communication type of **Verbal with Readback**, **Phone with Readback** and **Proposed** orders.
3. You can single-select or multi-select patients.
4. Right-click over one of your selected patients.
5. To clear these orders from your Inbox, you have two choices: **Approve** or **Refuse**.



Approve

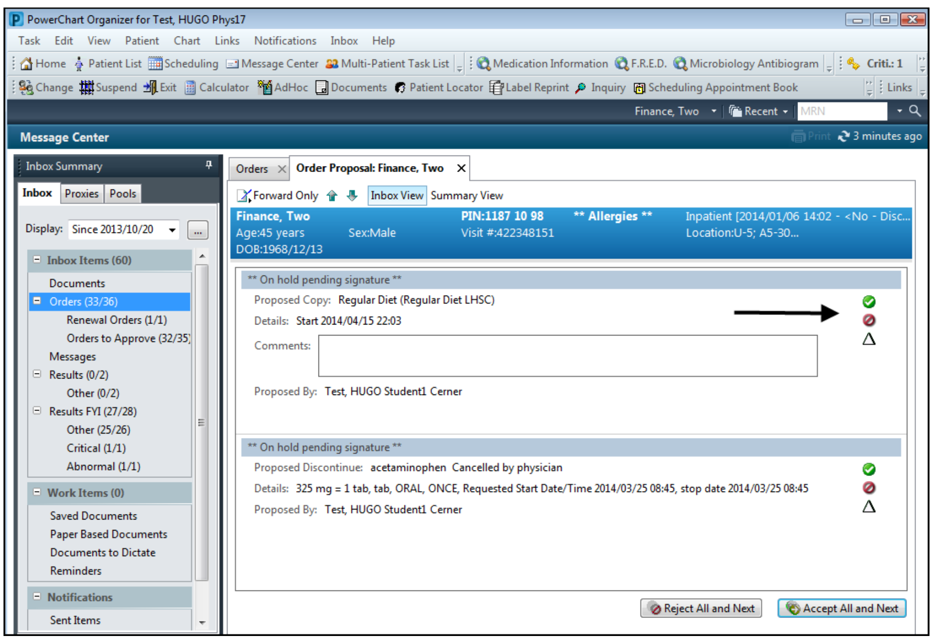
Please select **Approve** for any orders that you authorized or would like to accept as proposed orders.

Refuse

Please only select **Refuse** and complete the **Reason** if it is not your patient, the order was placed on the incorrect patient, or the order was incorrect.

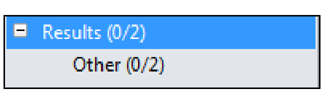
View Order Proposals Before Approving or Refusing the Order

1. Double-click on the order.
2. On the **Order Proposal** tab review the order information.
3. Click **Accept** or **Reject** button.
4. If the **Reject** button was selected, fill in all required fields.
5. Click **Sign**.

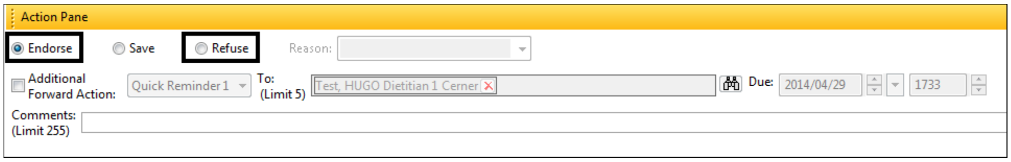


Results

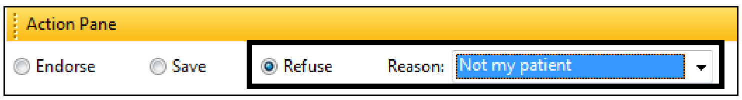
1. Any lab work or diagnostic tests entered by you or with your name in the Ordering Physician box will appear in the **Results** section of your Message Center Inbox.



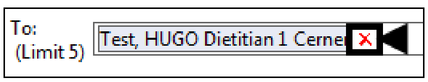
2. Double-click the patient's name to open the results.
3. You have two options: **Endorse** or **Refuse**.



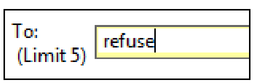
4. Please **Endorse** any results to acknowledge that you have seen them and will act upon abnormal values.
5. Please only select **Refuse** if it is not your patient.
6. The process to refuse is to click **Refuse** radio button.
7. Choose **Not my patient** as the **Reason**.



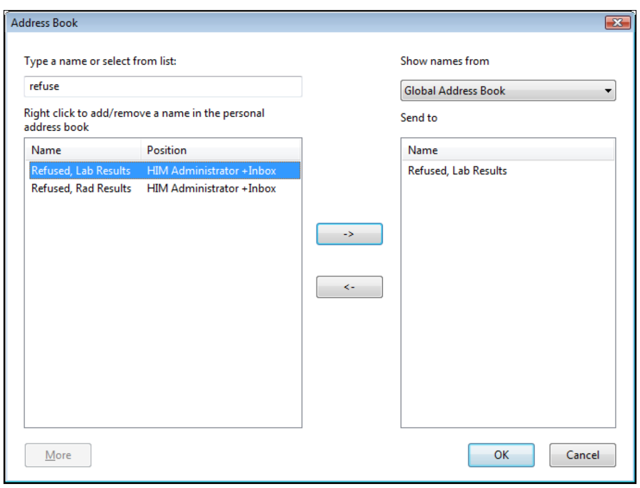
8. In the **To:** field, click the small red x to remove the **defaulted account.**

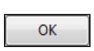
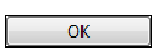


9. Type `refuse` and press **Enter**.



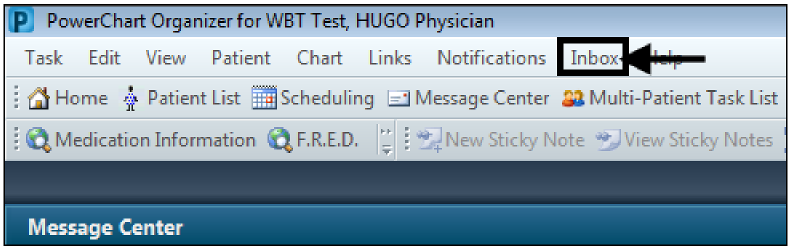
10. Double-click either **Refused, Lab Results** or **Refused, Rad Results**.



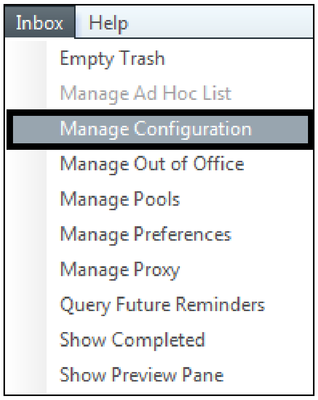
11. Click the  button.
12. Click  or .

Message Center Results to Endorse Modifications

1. Open your Message Center.
2. Click the **Inbox** menu.

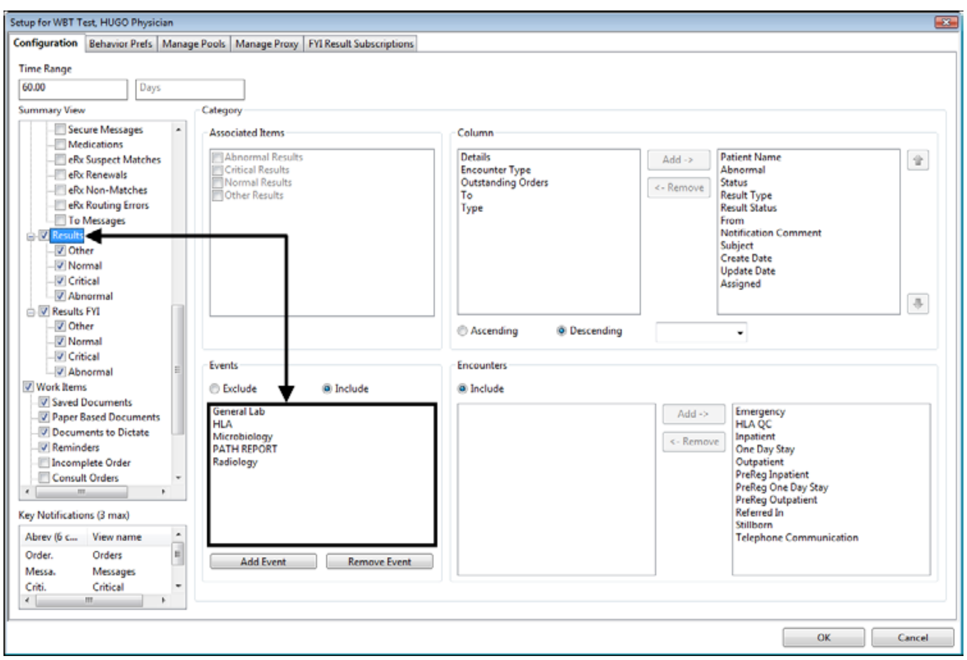


3. Click **Management Configuration**.

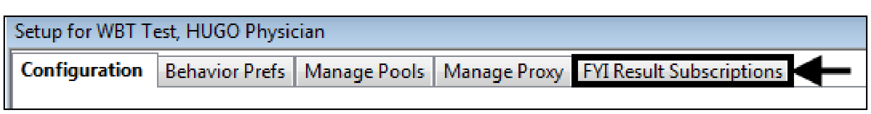


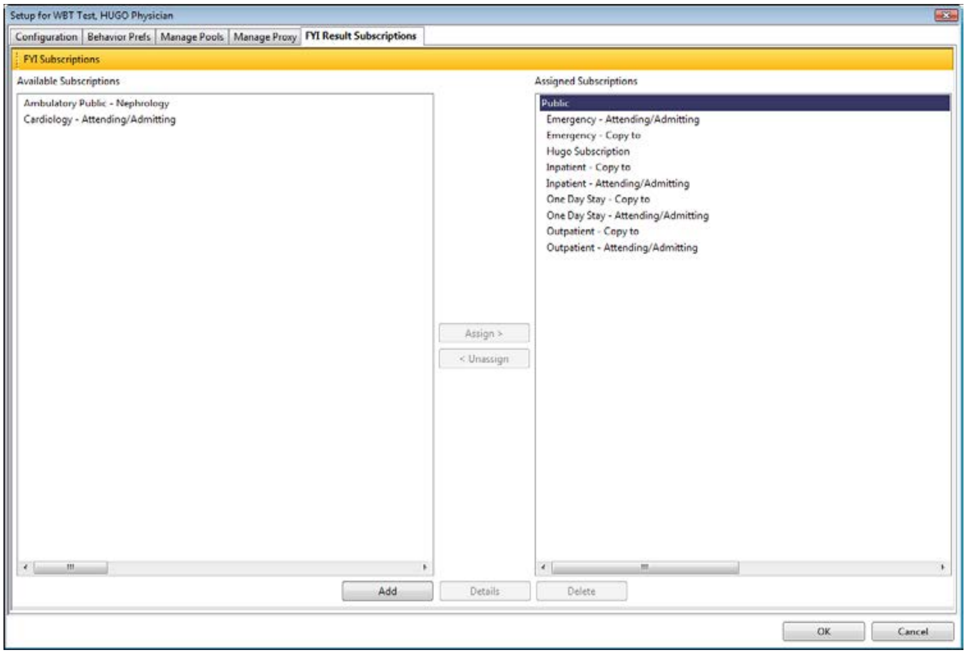
4. Scroll down the list on the left-hand side of the screen until you get to the **Results** section and click it.

5. Here you can exclude or include items from the **Events** section in the middle of the screen. You can also include or exclude encounter types on the right-hand side of the screen.

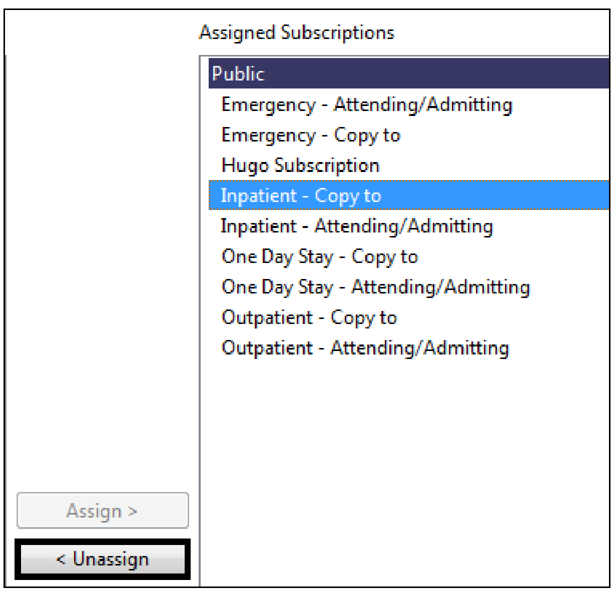


6. To modify the Results FYI section click on the **FYI Result Subscriptions** tab.



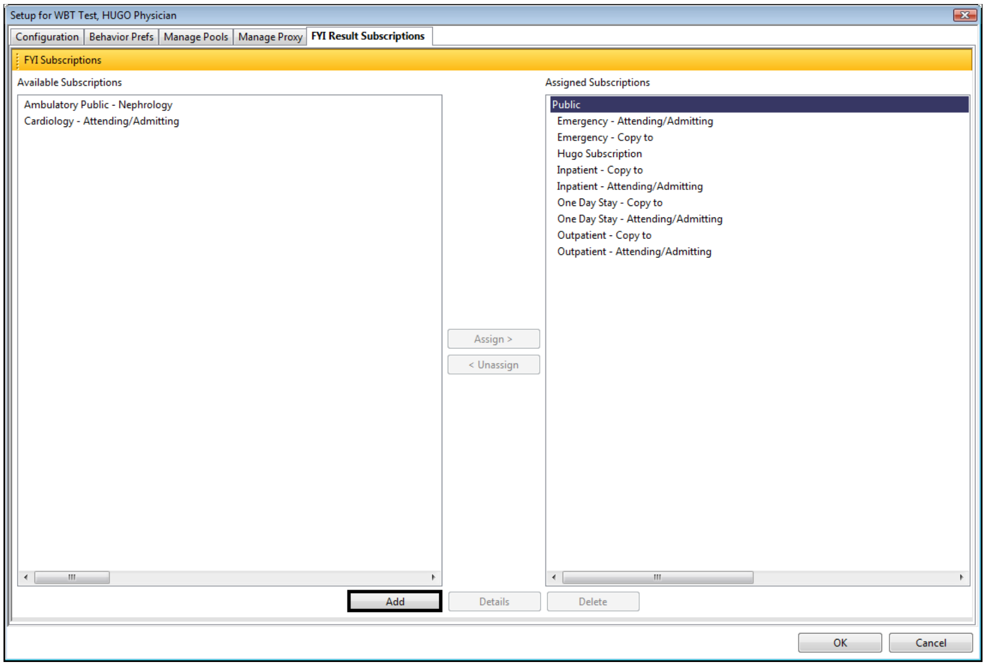


7. From here you can **Unassign** the subscriptions that you no longer want by clicking on the subscription on the right and clicking the < Unassign button.

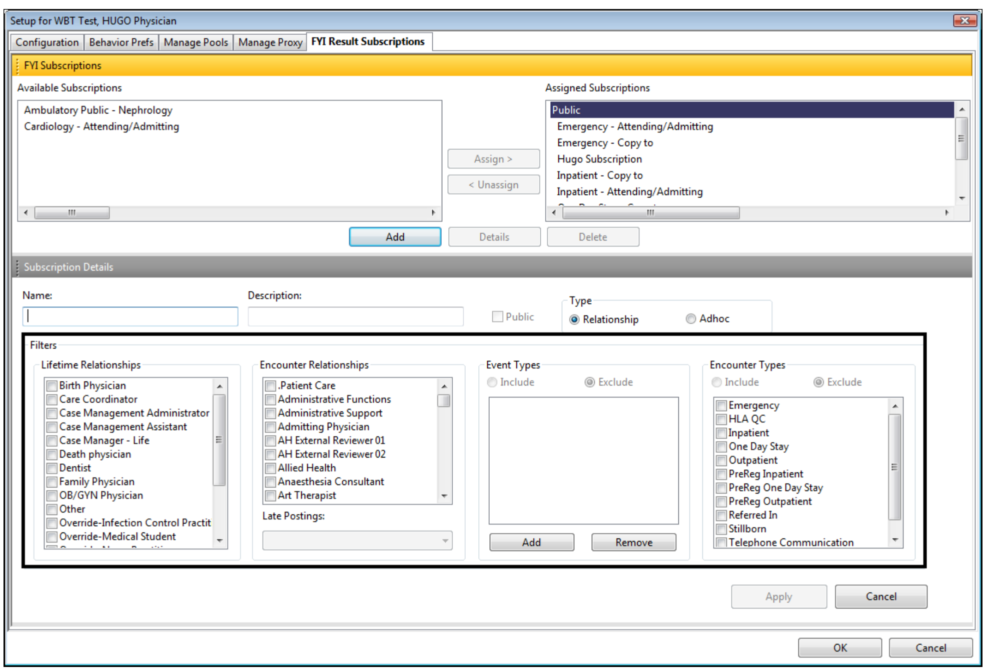


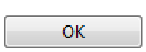
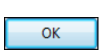
8. You can also create your own subscriptions if you want to be very specific regarding what orders come to your Results FYI inbox.

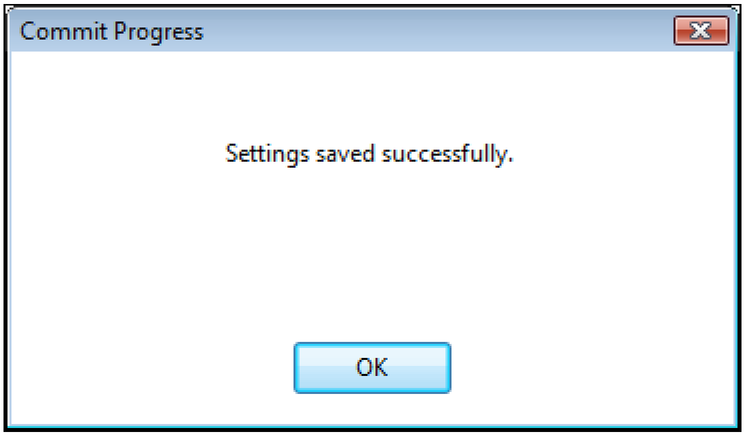
9. To do this click on the Add button.



10. Configure your own subscription based on your specific needs including **Lifetime or Encounter Relationships**, **Event Types** (Lab, Radiology, Pathology, etc.) and the **Encounter Types**.



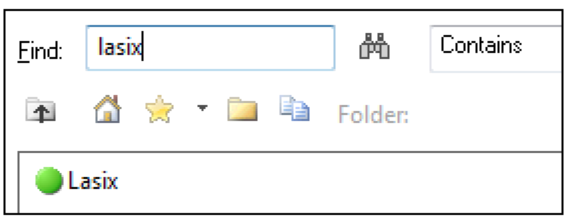
11. You need to name the rule – click the **Name** field and type a name.
12. Click the  button when done.
13. A dialog box alerts you that your settings have been saved successfully.
14. Click the  button.



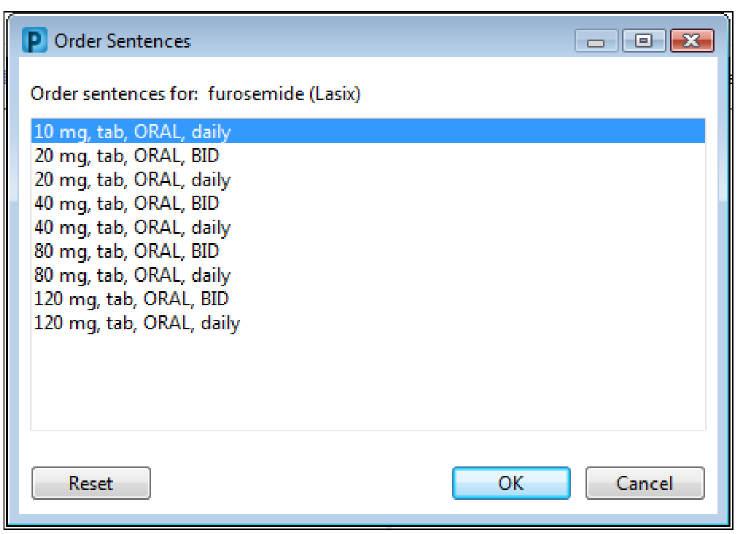
ORDER ENTRY

Adding a Medication Order

1. Select the  icon from the table of contents menu.
2. In the **Find** field of the **Add Order** window, type the name of the medication to administer.

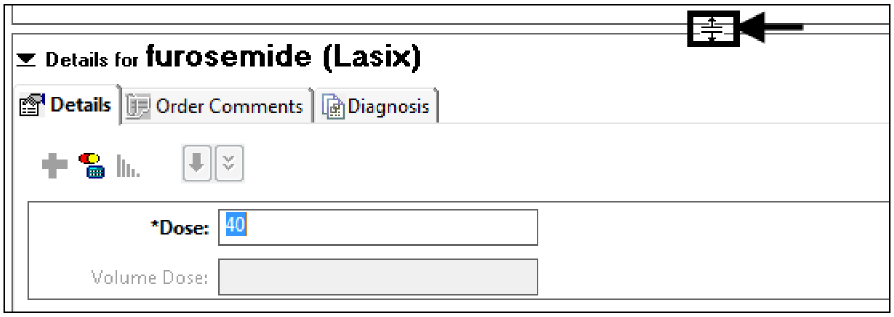


3. Select the correct **Order Sentence.**

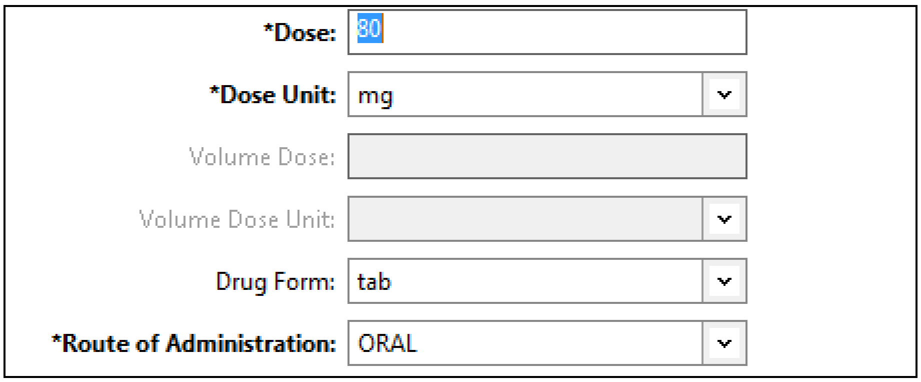


4. Click the  button.
5. Expand the **Details** section of the order by placing your mouse on the border of the **Details** pane – your mouse will turn into a two-headed arrow.

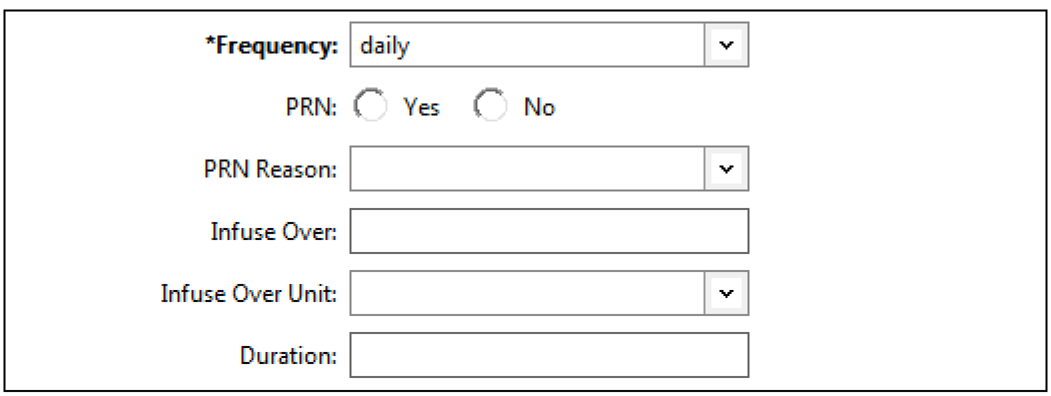
6. With the two-headed arrow visible, click and hold the left mouse button while you drag the pane up to increase its size.



7. Fill out the mandatory fields below at a minimum

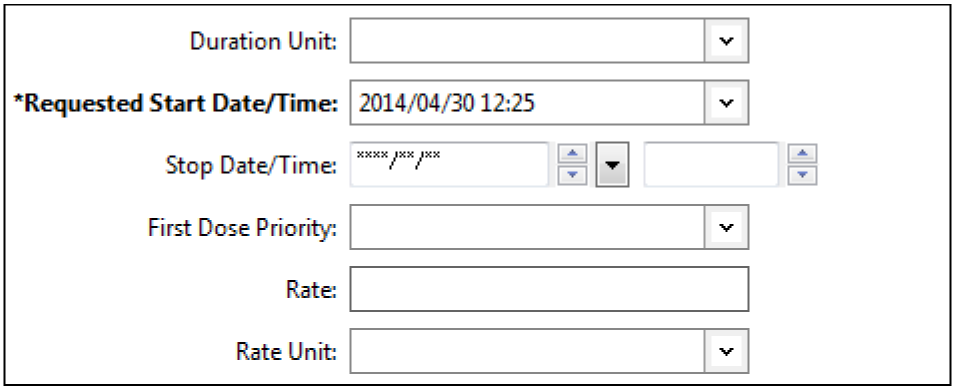


   a. ***Dose** – This field will be automatically filled out based on the dosage entered.
   b. **Dose Unit** – enter the units that the dosage will be administered in.
   c. **Drug Form** – enter the drug form. Ensuring that tab is not entered as a plural.
   d. **Route of Administration** – specify what the route of administration will be.



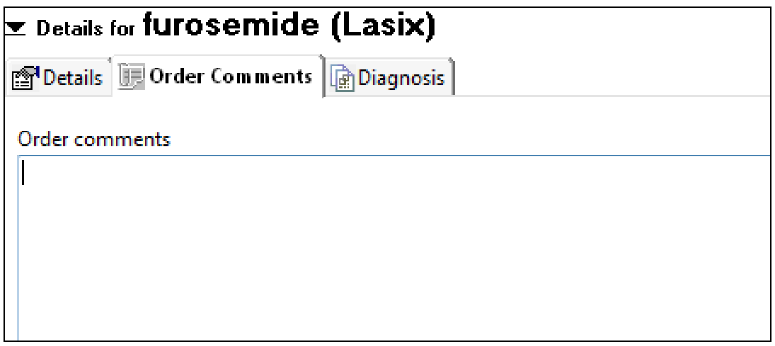
   e. ***Frequency** – enter the frequency of the dose.

8. If you want the medication to have a stop date then you must complete the **Duration** and **Duration Units** fields.
   a. **Duration** – enter the number of the duration. E.g. if 3 weeks enter 3, the unit will be entered next.



b. **Duration Unit** – based on what was entered in the **Duration**, select the unit.

When to Use the Order Comment Tab



The **Order Comments** tab allows the provider to add parameters around the medication administration, e.g., Hold if SBP is less than 80.

Do Not Use the Orders Comments Tab

Do Not Use the Order Comments Tab for adding stop dates, dose increases, or direction to add extra orders.

Help Finding a Medication

Pharmacy can help identify if a medication is available to order in the system or if it needs to be entered as a non-formulary drug.

If you need assistance in placing the medication order, you need to ask a SuperUser or colleague.

Medications from Pharmacy

Even though orders are sent to pharmacy instantly, they still need time to process them. Please be patient. Medications cannot be dispensed from Pharmacy until they have been verified by a Pharmacist. You will know a medication has been verified when the mortar and pestle icon disappears.

Additional Precautions

Any health care professional can initiate additional precautions for identified or suspected infections and conditions and precautions should be initiated as soon as symptoms of an infection are noted.

Appendix B of the corporate Additional Precautions policy outlines some clinical syndromes requiring the use of controls pending diagnosis.

Infection Prevention and Control or the Infectious Diseases Consultant should be contacted if clarification regarding initiating precautions is required.

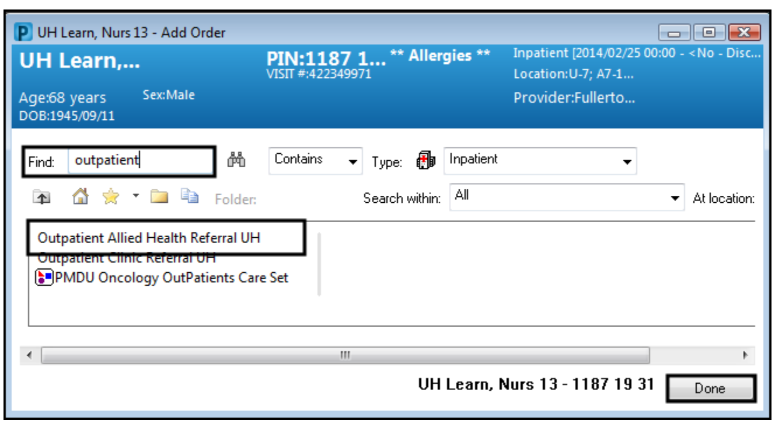
Adult vs Paediatrics

If your site has both paediatric and adult patients, please select your order carefully and only pick orders that are for PAEDS when appropriate. For example, some blood transfusions PowerPlans have Adults, PAEDS and Neonatal as options. Occupational Therapy and Physiotherapy referrals are available for both adults and paediatrics.

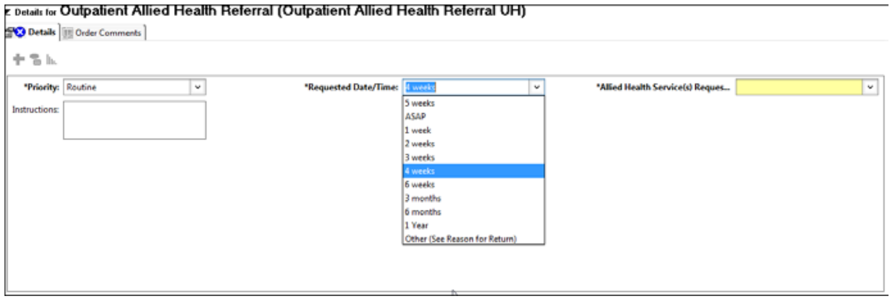
Allied Health

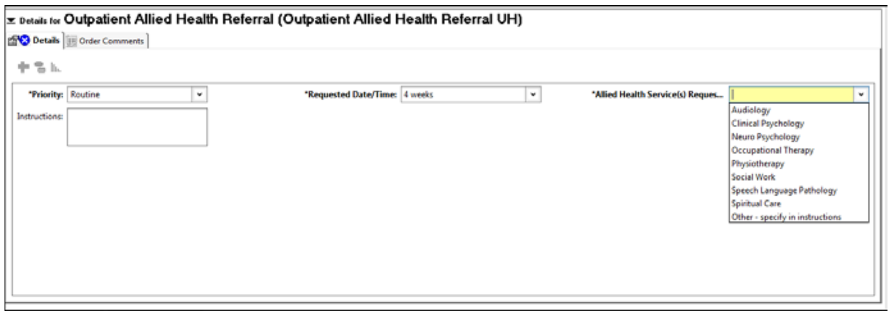
Outpatient Allied Health Referrals

1. From the **Order Screen** type **Outpatient** in the **Find** field.
2. Choose the **Outpatient Allied Health Referral** Order.



3. There are 2 mandatory fields that need to be completed for this referral
   a. Choose a follow up time frame for the patient.
   b. Choose an outpatient allied health profession you would like your patient to follow up with.

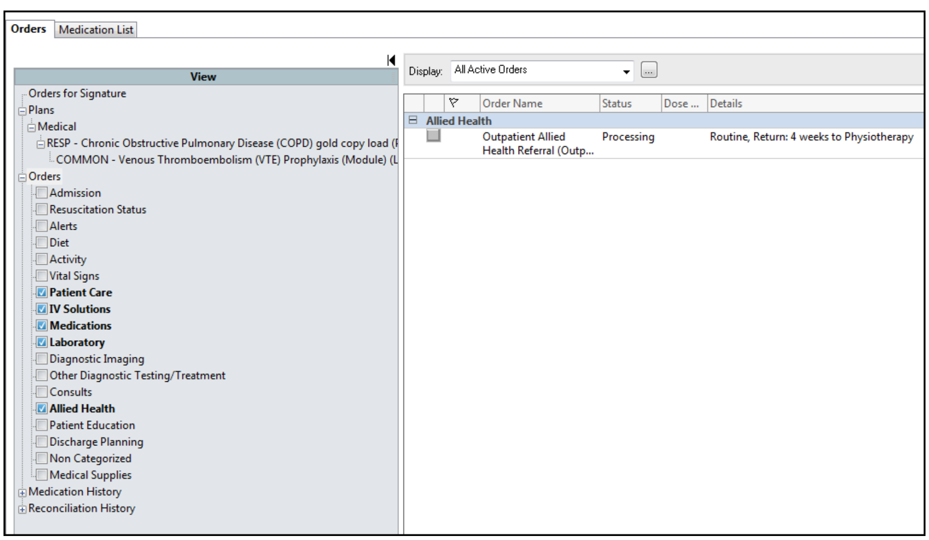




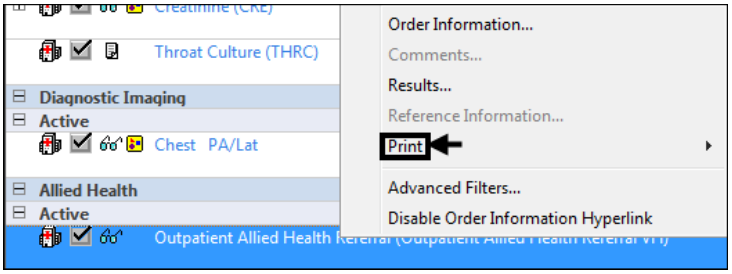
4. Once this order is signed, it is tasked as a communication order to;
    - the Nurse,
    - Medical Secretary,
    - Unit Clerk positions.
5. Depending on the workflow established for the area, one of these positions will print off this order and then it will be faxed/sent to the outpatient service.

Paper Copy of the Referral Required

1. Scroll on the Orders page to see the Outpatient Allied Health Referral order.



2. Right-click the order and select Print to reprint the requisition and then fax it to the appropriate department.



3. The process for booking a patient will continue in the same way as it is today.

Important:	This referral does not go to the task list of the allied health professional so verbal communication is still encouraged.

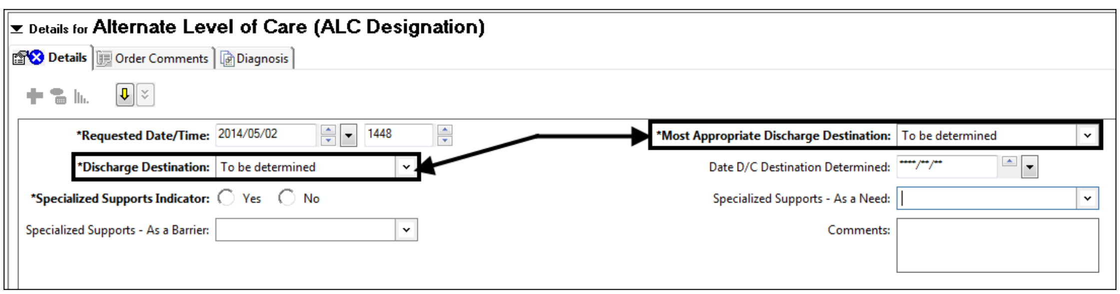
STAT Allied Health Referral Orders

Please ensure STAT allied health referrals are followed up with a page to the allied health professional.

ALC Order Required Fields Leave as To Be Determined

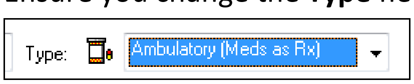
The two mandatory fields are to remain as **To be determined**. The Social Worker will modify the order to the most appropriate option when she/he does their review.

Please ensure that the Social Work is checked off in the PowerPlan.

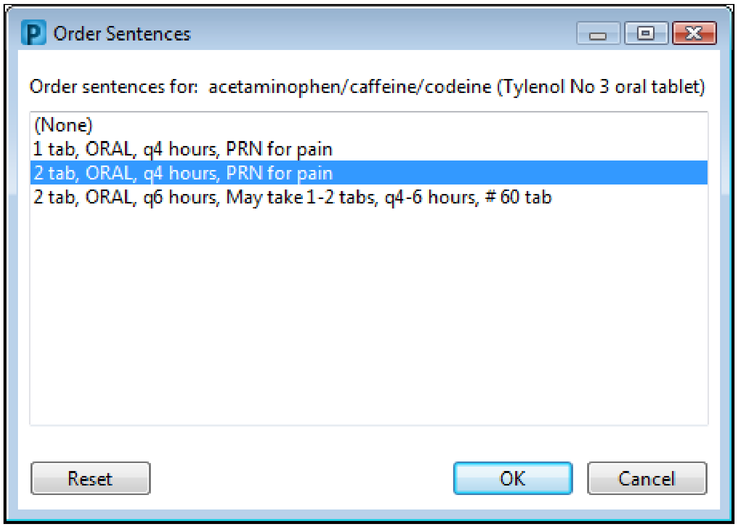


Ambulatory Medication Order as a Prescription

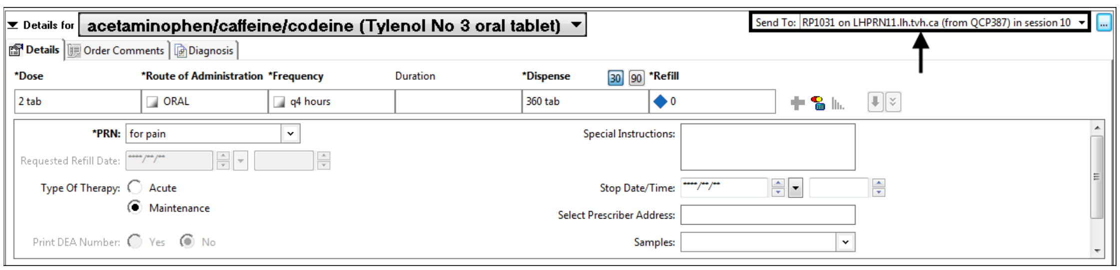
1. Open the patient's chart to the **Orders** page.
2. Click the Add icon.
3. The **Add Order** window opens.
4. Ensure you change the **Type** field from **Ambulatory** to **Ambulatory (Meds as Rx).**



5. In the **Find** field, type the drug name and select the closest match – it will turn bold and blue.
6. Select the order sentence closest to the order intended and click the OK button.



7. Click the Done button.
8. Complete the order details as required/needed.



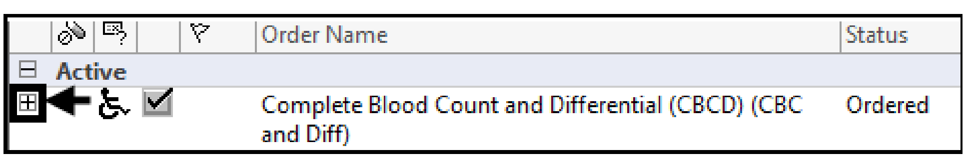
9. Make sure that the **Send To:** field is displaying your default printer.

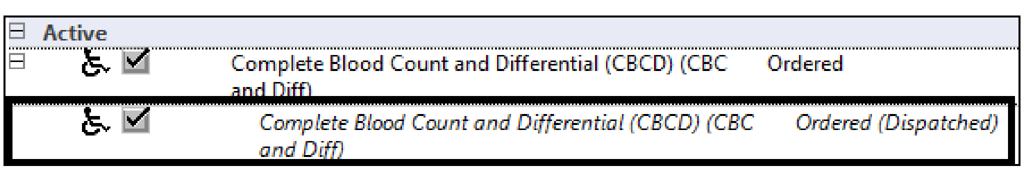
10. Click the Sign button and refresh your screen.

Important: Once you click the Sign button, the prescription is printed to your default printer.

Cancel a Single Lab Order from a Larger Frequency Order

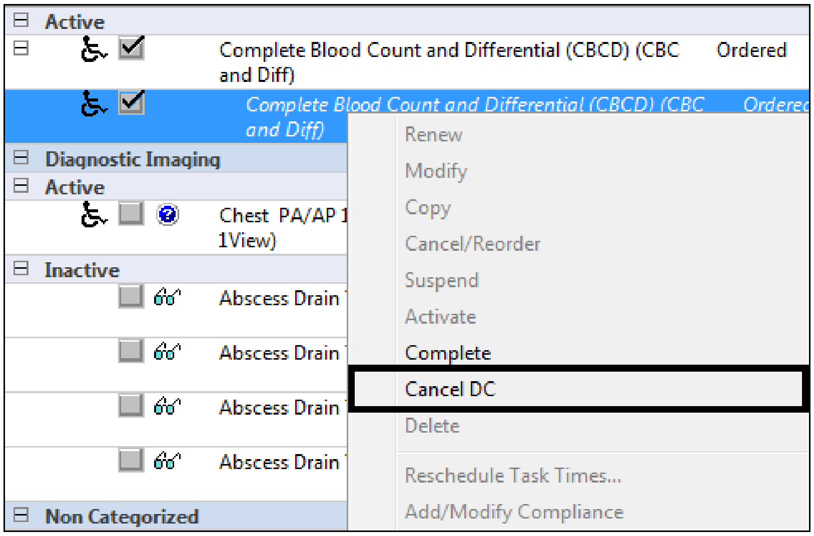
1. On the **Orders** page you will see the main lab order (parent).
2. Click the plus sign ⊞ to expand the main order to see all the daily frequency (children) orders.



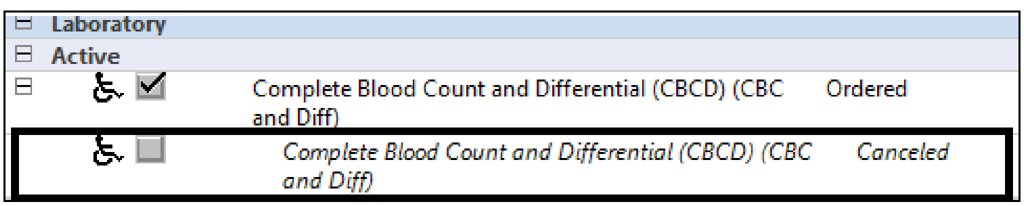


To Cancel a Single Lab Order

1. Right click on the specific lab order (check under details).
2. Click **Cancel DC** from the shortcut menu.



3. Complete the **Cancel Reason** field.
4. Click the [Orders For Signature] button.
5. Click the [Sign] button.
6. Once you sign the single order you will see the parent order is still there and the single child order is canceled.



7. Refresh the screen.

Care of the Body after Death

Please follow the current Care of the Body After Death policy which includes filling out the death pack and notifying patient registration by phone. This policy will be reviewed and revised in the coming months to reflect any necessary changes as a result of the HUGO project.

Discharge medication reconciliation and a discharge order are not required.

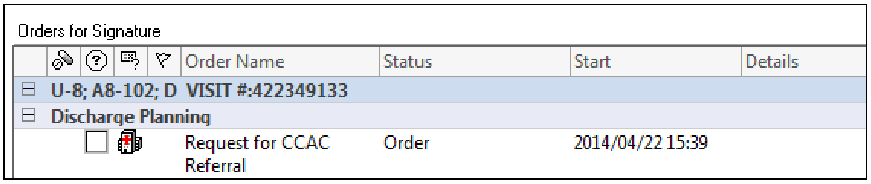
However, there are two electronic orders in the system, **May Release Body to Morgue**, and **May Release Body to Funeral Home**. Entering these orders is not mandatory.

CCAC Referral Request

1. Enter the **Request for CCAC Referral** order for the patient.

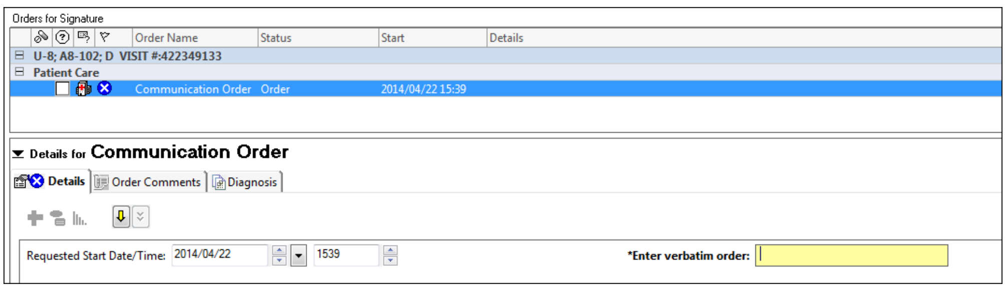
This will not go to CCAC.

2. The order will task to the nurse or clerk to tell them to fill out the form and send it to CCAC.



Communication Order

The **Communication Order** is available to use for communicating orders that are not available in the order catalogue.



Please do not use communication orders to order medications, diagnostic or medication imaging tests that are available when searched, as they do not link with the department or existing orderables.

Consult Orders Inpatient vs Outpatient Consult/Referral

Inpatient	Outpatient
Consulting a Physician • Use the Consult to Physician Order. • Call that physician.	Consulting a Physician • Use the Outpatient Clinic Referral Order. • Nurse/Sec/Unit Clerk will print and send to referred Physician.
Placing an Allied Health discipline referral • Enter the individual referral order. • Allied Health discipline will receive an automatic notification of the referral through PowerChart.	Placing an Allied Health discipline referral • Use the Outpatient Allied Health Referral order. • Nurse/Sec/Unit Clerk will print and send to referred Allied Health.

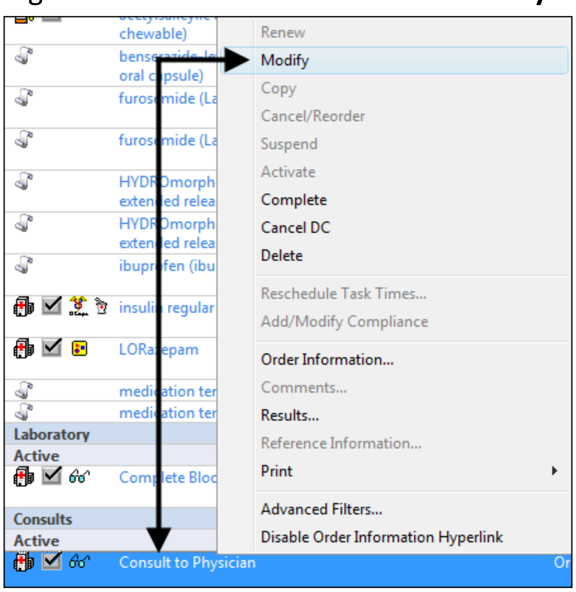
Consult – Provider Consult Order Process

- Consults between services involve providers working together to provide the best possible care for our patients. To facilitate this process we have a **Consult to Physician** order that helps to relay the pertinent information and directions to the consulting service so that they know how the attending physician would like to proceed with any consult orders.
- When a consult is requested, the admitting team will enter the Consult to Physician order and contact the provider/service they want to consult.
- Two options are available for the consulted service:
  1. Consult & Implement – Assess the patient and implement any additions, changes or cancellations to orders.
  2. Consult & Suggest – Assess the patient and suggest any additions, changes or cancellations to orders.

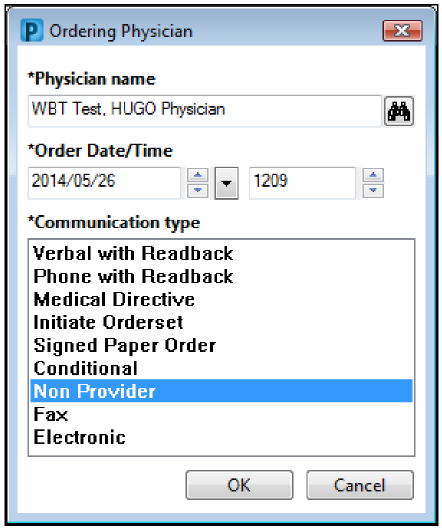
Consult to Physician – Nurse/Unit Clerk Workflow

When the provider places a **Consult to Physician** order it will task to nurses and unit clerks to contact the appropriate provider.

1. Nurse/unit clerks see the task on their task list.
2. Consult the on-call list to determine the correct provider to contact.
3. Contact the provider that is being consulted to inform them of the request for consult.
4. Modify the **Consult to physician** order as follows:
   a. Navigate to the **Orders** page.
   b. Right click on the order and select **Modify**.

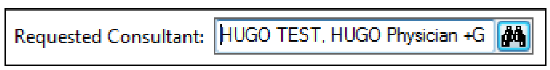


c. In the **Ordering Physician** dialog box, enter the name of the provider ordering the consult in the **Physician name** field and select **Electronic** or **Non-Provider** as the **Communication type**.



d. Click the OK button.

e. Enter the name of the consultant you contacted in the **Requested Consultant** field of the order details.



f. Click the Orders For Signature button.

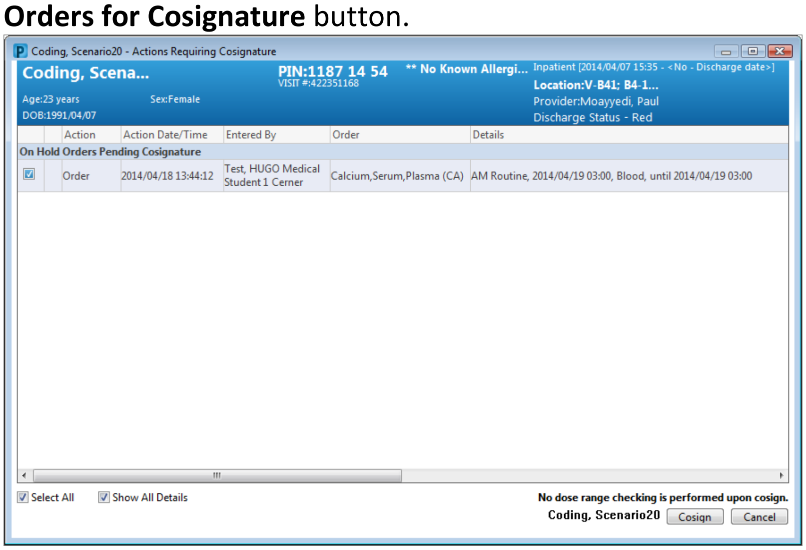
g. Click the Sign button and refresh your screen.

5. Complete the task from the task list.

6. Ensure a Consult form is stamped, completed (including service, physician name and date contact) and placed in the patient's chart.

Co-sign Orders

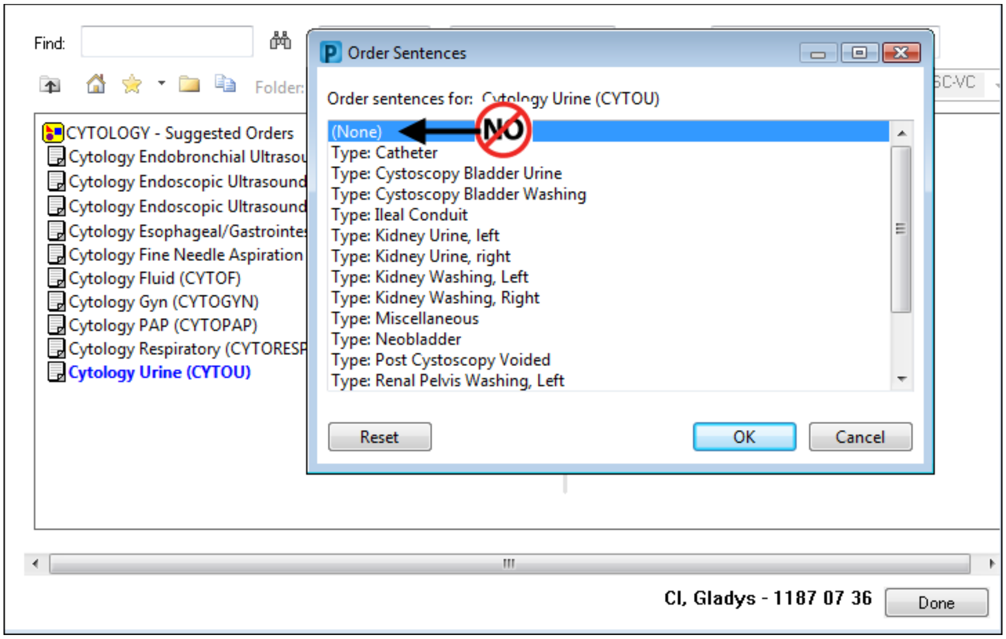
1. Physicians will be able to co-sign all orders that need to be co-signed by clicking the **Orders for Cosignature** button.



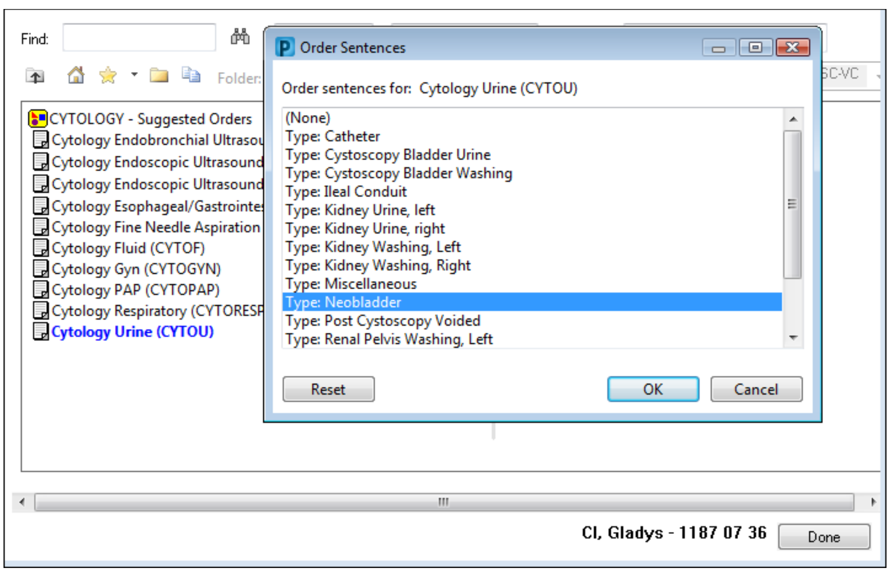
Cytology Orders

When entering a Cytology order, it is important to choose the correct **Order Sentence**. Do not choose **None**.

If you choose None, no labels will print.



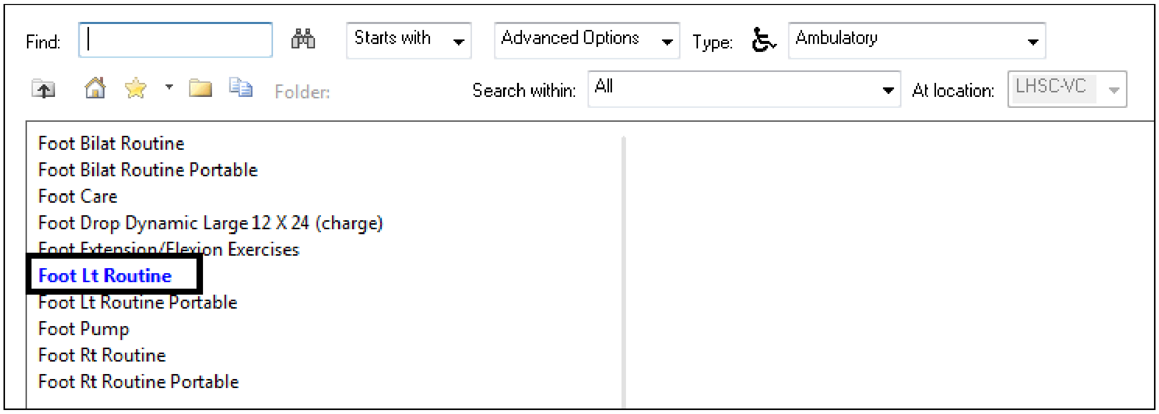
When you choose the correct **Order Sentence**, it ensures that labels will print.



DI Order - Changes LHSC

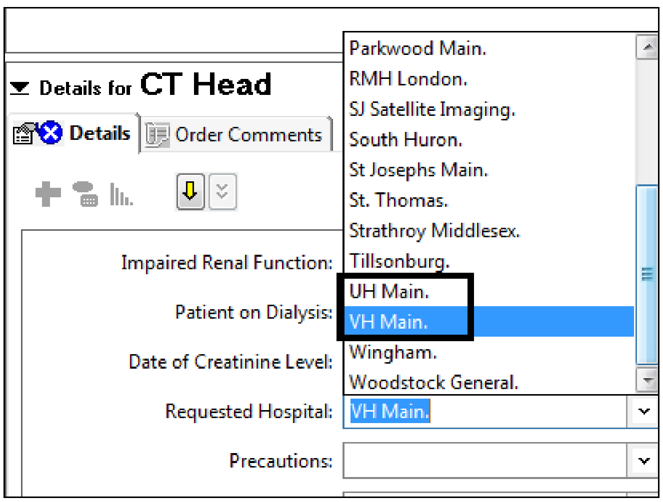
With HUGO, you no longer complete paper requisitions for radiological tests performed at LHSC and St. Joseph's. This includes Ultrasound, Nuclear Medicine, CT, MRI, Fluoroscopy, Interventional and General Radiology.

These orders will be entered electronically.



Requested Hospital Field

1. In the order details, you can change the default between the two hospital sites of LHSC – UH Main and VH Main - as they are considered the same facility.

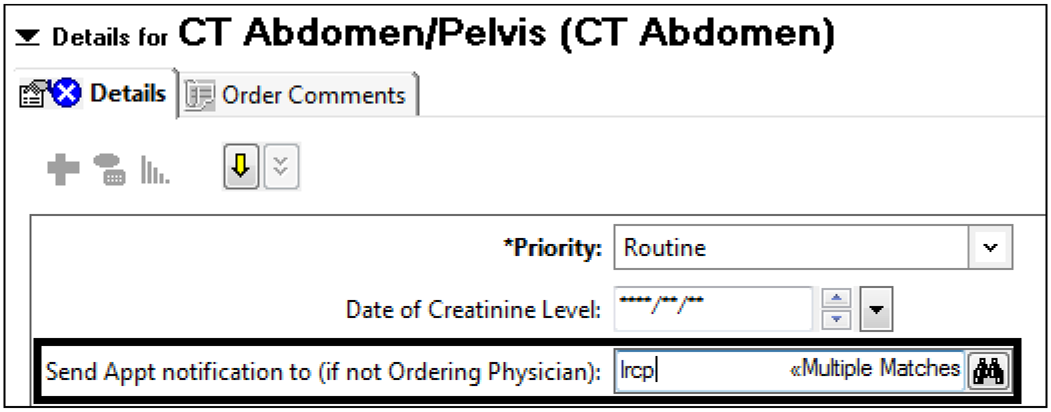


2. However, if you require a test done at an external facility, e, g, Woodstock or Listowel, the provider will need to complete a paper requisition.

Important	**Do not** change the defaulting location to an external facility – the order will not route to the correct site.

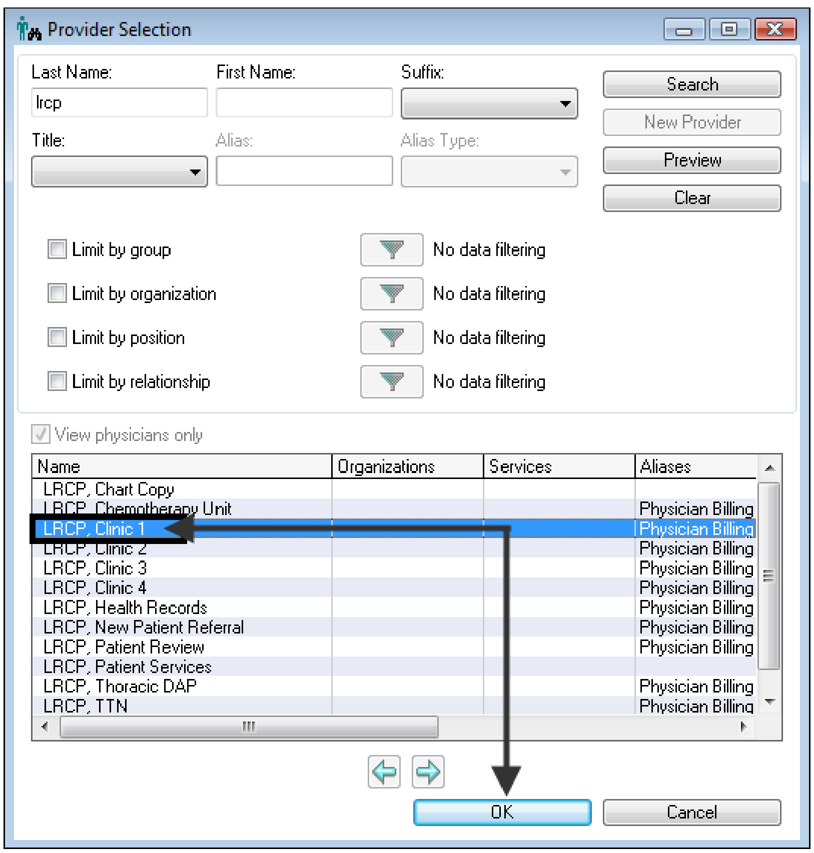
Notification to Clinic Space

1. If you want the appointment notification to go to the clinic space, and not the ordering physician's office, type the clinic name in the **Send Appt notification to (if not Ordering Physician** field and click the **binoculars** icon.



Tip When typing in the **Send Appt notification to (if not Ordering Physician)** field, type **LR**, **LH** or **SJH** to see clinic names for the various locations – LRCP, LHSC and St. Joseph's.

2. From the **Provider Selection** window, select the appropriate clinic, i.e., LRCP, Clinic 1 and click **OK**.



Automatic Fax

An automated fax with the appointment details will go to the ordering physician's office or the clinic space, if the order is scheduled more than 48 hours in advance.

If the order is scheduled less than 48 hours in advance, the Central Bookings office will contact you directly with the appointment date and time.

No Auto-Notification

Auto-notification of appointments is not set up for Interventional Radiology VH/UH. The Booking Clerks in each of these areas will call with the appointment date and time.

DI Order - Changes St. Joseph's

With HUGO, you no longer complete paper requisitions for radiological tests performed at St. Joseph's and Parkwood. This includes Ultrasound, Nuclear Medicine, CT, MRI, Fluoroscopy, Interventional, BMD, Mammography and General Radiology.

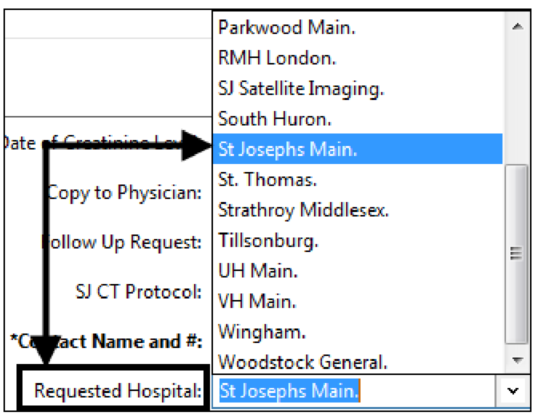
These orders will be entered electronically.

The exception is PET, which has to be ordered using the Provincial paperwork and remains on paper.

RMHC and SWFMH stay on paper for all diagnostic imaging tests. (Mount Hope is out of scope for HUGO).

Requested Hospital Field

1. In the order details, Parkwood can change the **Requested Hospital** field to **St. Joseph's Main** for DI order not done on site.

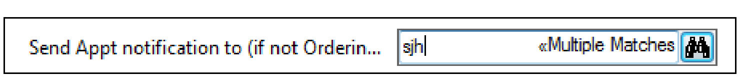


2. However, if you require a test done at a different facility (LHSC, Woodstock, etc.) the provider needs to complete a paper requisition.

Important	**Do not** change the defaulting location to an external facility – the order will not route to the correct site.

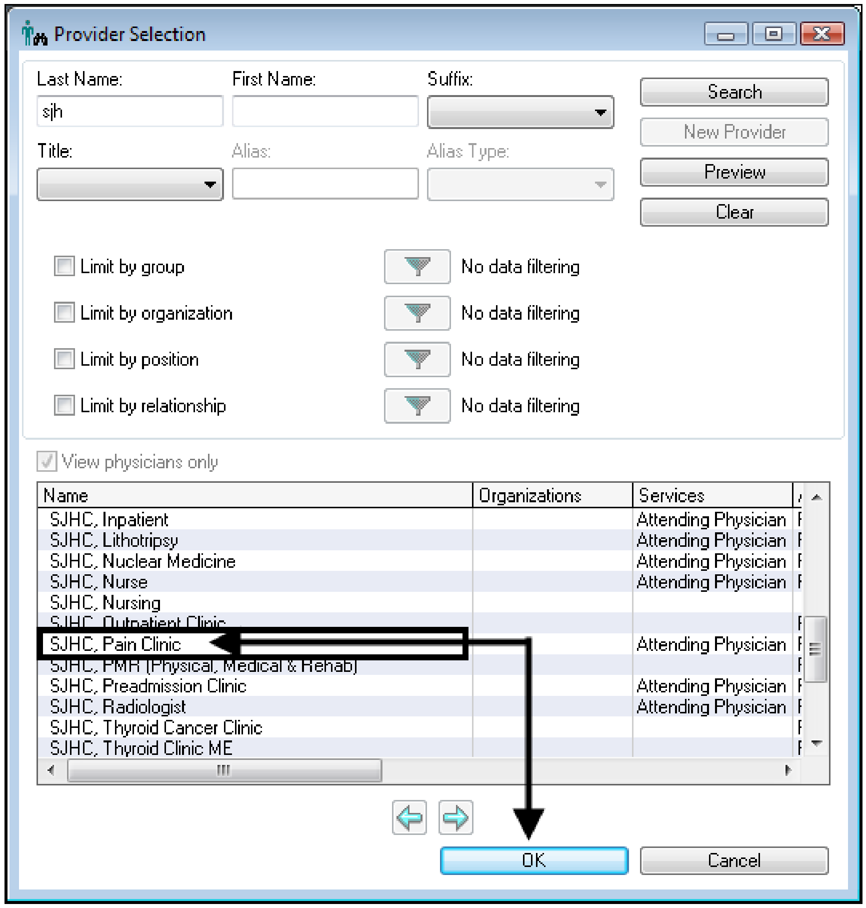
Notification to Clinic Space

1. If you want the appointment notification to go to the clinic space, and not the ordering physician's office, type **SJH** in the **Send Appt notification to (if not Ordering Physician** field and click the **binoculars** icon.



3. From the **Provider Selection** window, select the appropriate clinic, i.e., SJHC Pain Clinic and click the 

button.



Automatic Fax

An automated fax with the appointment details will go to the ordering physician's office or the clinic space, if the order is scheduled more than 48 hours in advance.

If the order is scheduled less than 48 hours in advance, the Bookings office will contact you directly with the appointment date and time.

DI Order – Do Not Activate DI Orders

Unlike lab orders, please do not right-click on the order and activate a medical imaging order. The order will be activated by Digital Imaging.

DI Order – Placing Diagnostics Imaging Orders

This section is a reminder from the Radiology Department.

Change Date and Time to Reflect the Time of the Test

Please remember to change the requested date and time to reflect the actual date you want the tests done. Leave the Requested Date and Time as today if you would like the test scheduled as soon as possible.

DI Tests

When ordering DI tests if the body site is not included in the title you may need to input the individual test to cover all areas you want imaged.

Multi Tests on a Patient

If you want CT Thorax/Abd and pelvis you need to enter 2 tests - CT Thorax and CT Abd/Pelvis. Radiology bookings have alerts in place to ensure these test are scheduled together.

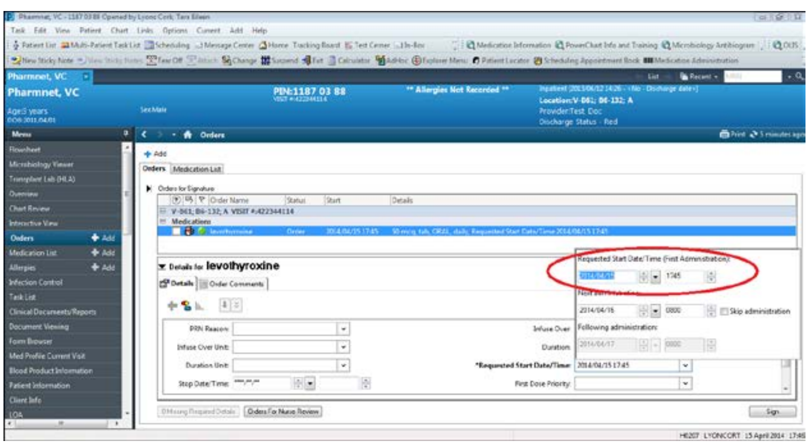
Ultrasounds

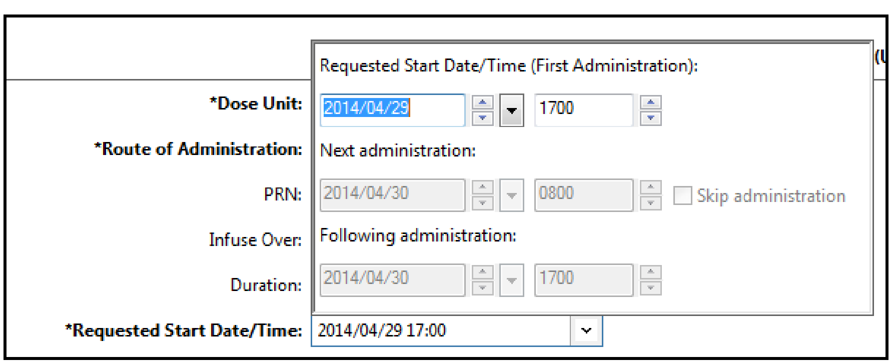
Pelvic Ultrasounds	Please add the date of the last known menstrual period in the LNMP field.
OB Ultrasounds	Please add the estimated date of birth into the Order Comments tab.

Date and Time for Orders

When completing an order, ensure that the start date and time of the order is appropriate. For example, an order for bedtime placed in the morning should start at 2200 hours not “today and now".

1. In the **Details** for the order, click the drop-arrow for **Requested Start Date/Time**.
2. Enter the new date and time.



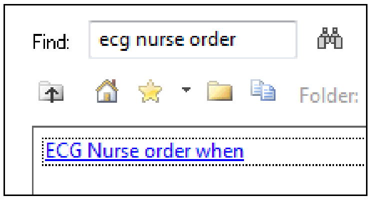


3. Click the Sign button.

ECG Orders

Reoccurring ECG Orders

1. When the provider would like ECGs ordered with a frequency, they are instructed to use the orderable **ECG Nurse order when**.

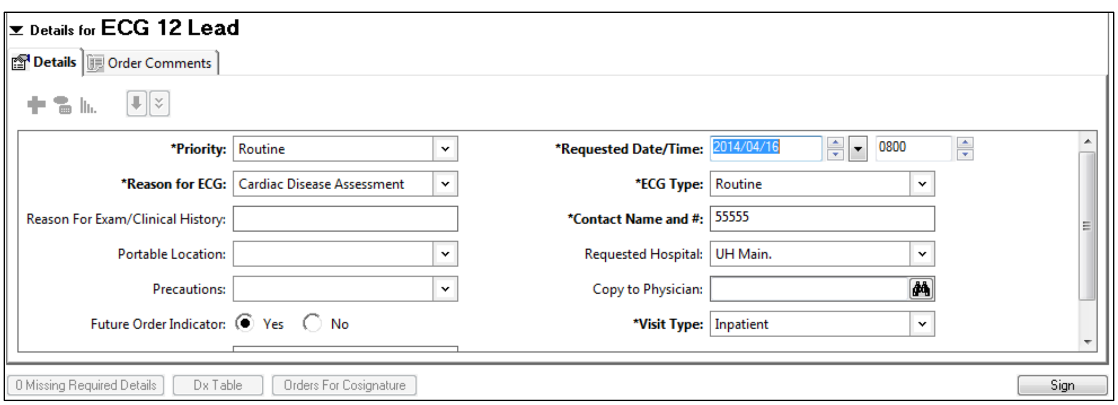


2. This orderable has a free-text field, where the provider can identify the frequency or criteria with which they want the ECG completed.

3. When a nurse sees the order, it is authorization to enter the actual ECG order at this frequency.

Future ECG Order

1. Place the ECG order.
2. In the details field, select **Future Order Indicator** and change the **Requested Date/Time** to the desired time.

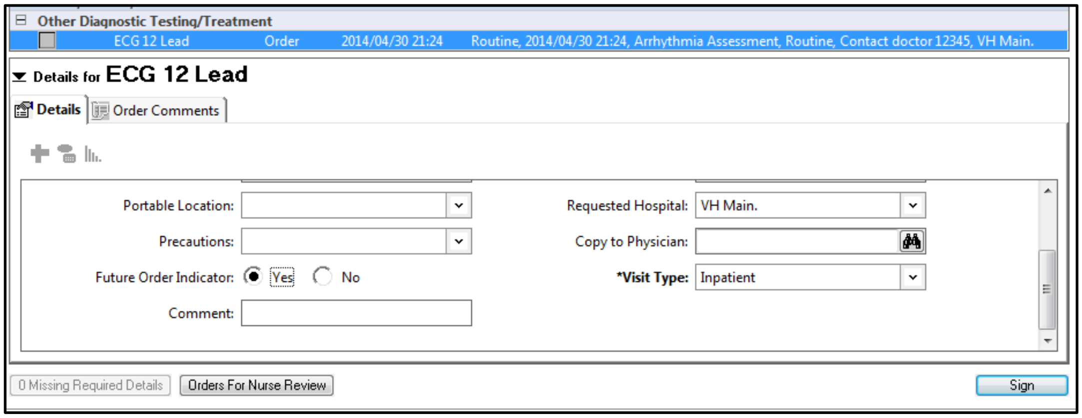


3. Click the  button.

Rationale: The **Requested Date/Time** field defaults to the current date and time and the **Future Order Indicator** defaults to No. If these fields are not changed the order goes in the system and automatically notifies the ECG tech to complete the test today.

Ambulatory ECGs

For Ambulatory ECG tests please use the Future Order option when sending the patient to the non-invasive diagnostic cardiology department. Leaving it as an active order will page the ECG tech to come to your location.



EMG Order

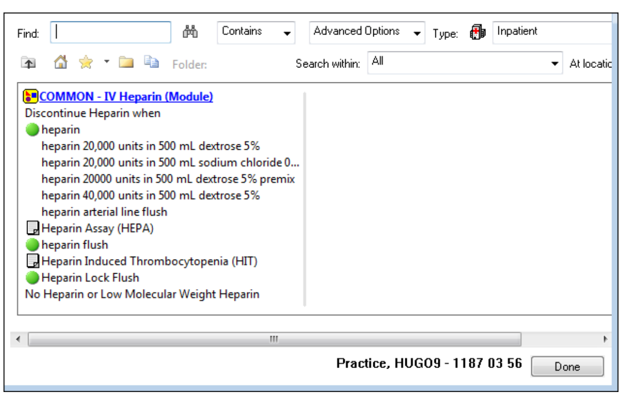
The electronic order is now available. When ordered it will route to the EMG department for scheduling.

The paper forms still need to be completed and sent to the department.

Heparin Order

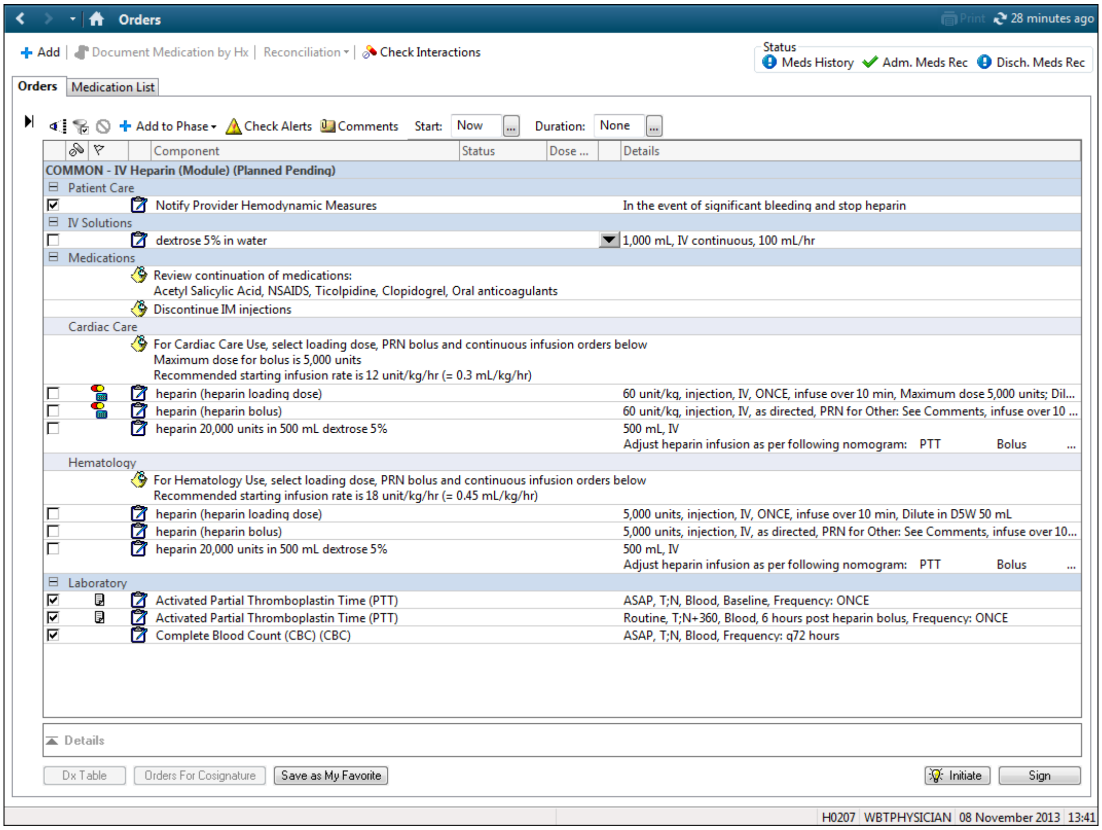
Placing the Order

1. Open the patient chart to **Orders**.
2. From the table of contents menu, click **Add**.
3. The **Add Order** window opens.
4. Search for heparin.
5. Select the **COMMON – IV Heparin Module** PowerPlan.
6. The orderable will turn bold and blue.

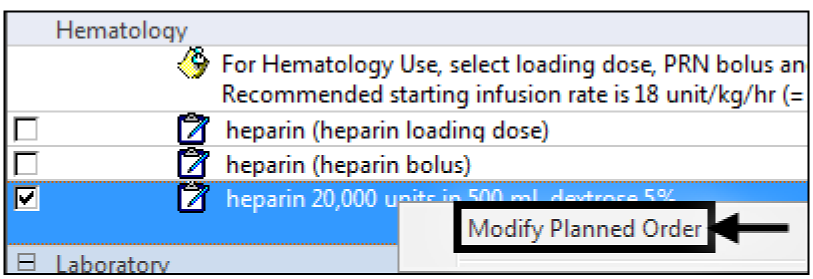


7. Click the **Done** button.

8. Select the orders you need by using the checkboxes on the left-hand side of the screen, including either the Hematology or Cardiac Care.



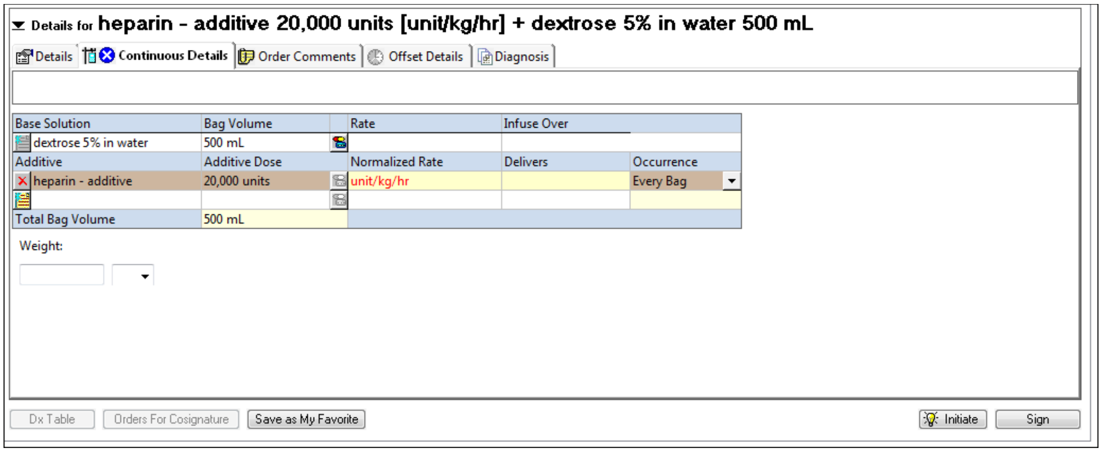
9. Click the check box beside the heparin infusion order you will be using.
10. Next, right-click on the order name and select **Modify Planned Order**.



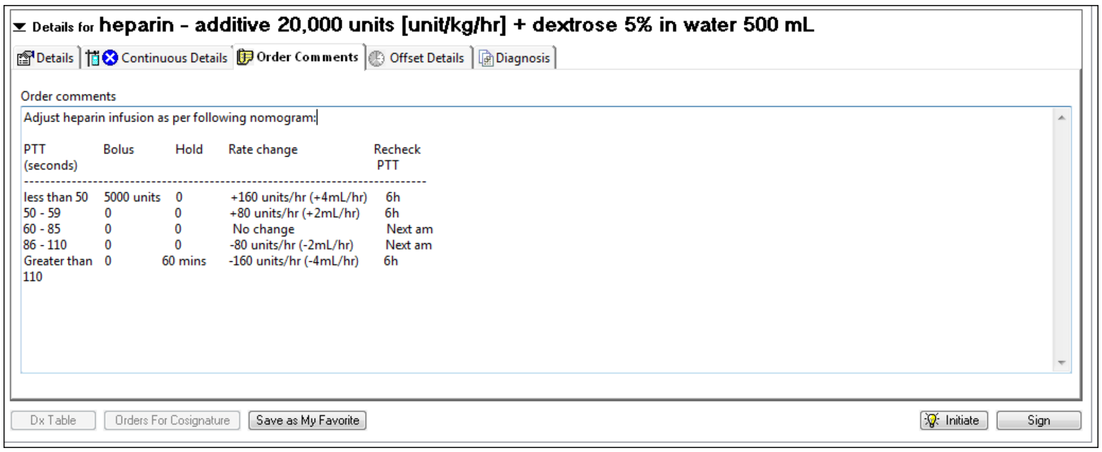
11.

12. Complete the beginning **unit/kg/hr** field by clicking in it and typing a normalized rate. The actual rate will auto-calculate, based on the weight shown below.

13. **Important** The patient's actual weight must be documented for the auto-calculate to work.



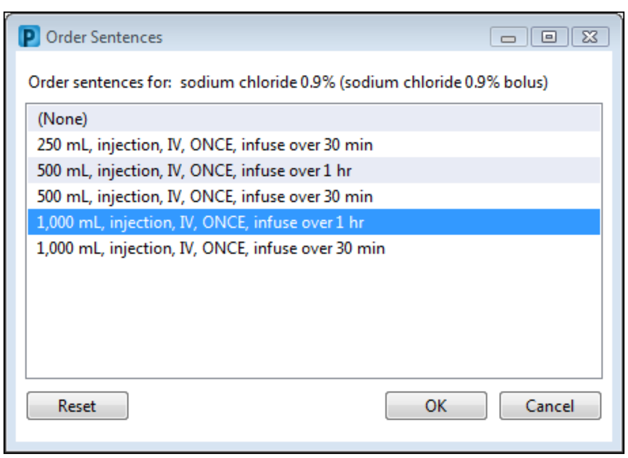
14. Refer to the **Order Comments** tab for the heparin nomogram.



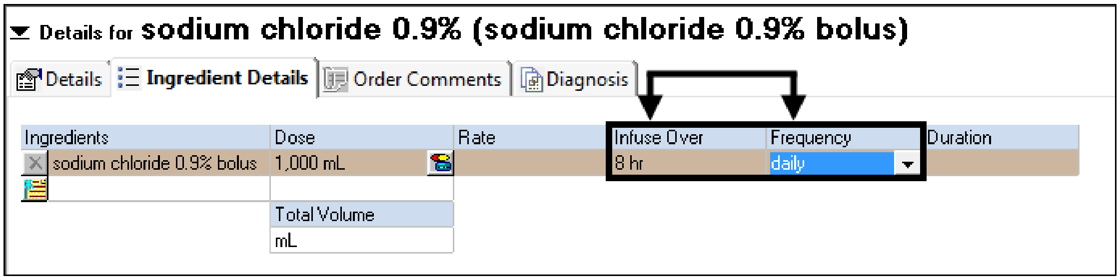
15. Once all details are complete, click the **Initiate** button to active the orders.
16. Click the Orders for Signature button.
17. Review the orders and then click the **Sign** button.
18. Click **Refresh** (Minutes Ago).

Order an Intermittent IV Solution Daily x 5 days

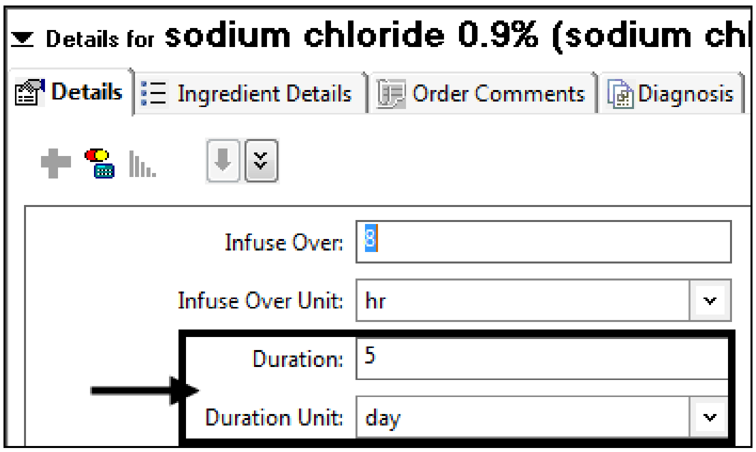
Example: Normal saline 1 L over 8 hours for 5 days.



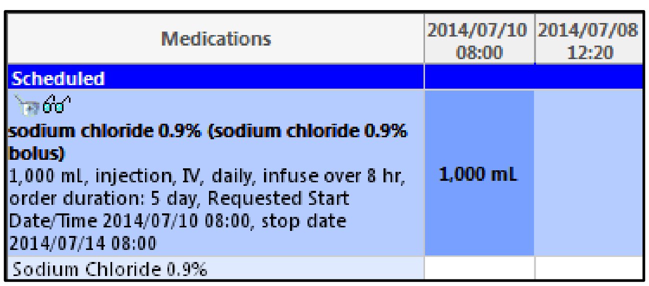
1. In the **Ingredient Details** tab, change **Infuse Over** from 1 hour to **8 hr** and **Frequency** from once to **daily**.



2. Click the **Details** tab.
3. In the **Duration** field, type **5** and click the down-arrow beside the **Duration Unit** field and choose **day**.

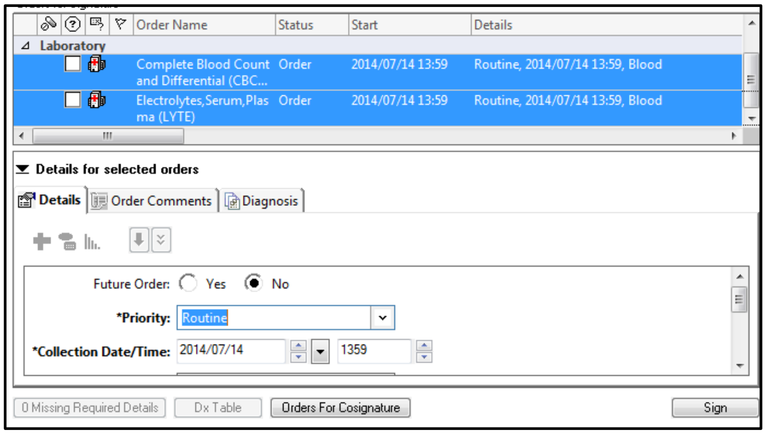


4. Click the Sign button to sign the order and then refresh the screen.
5. The order will appear on the **MAR** with a medication task to sign off daily.



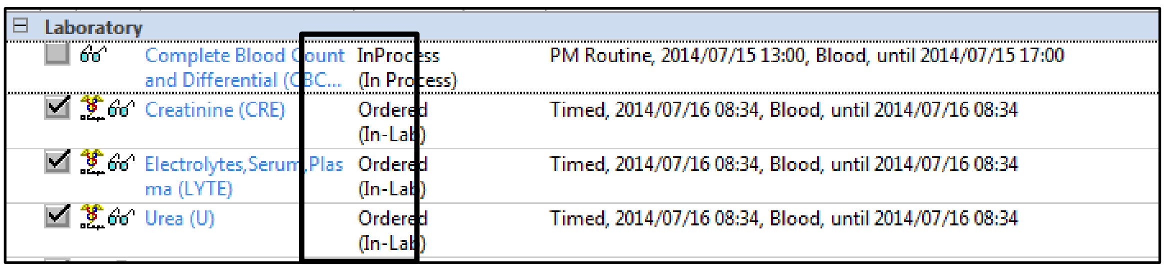
Lab Orders

- Batch your blood work by clicking on the first test dragging the mouse down to highlight all tests or by holding down the **Ctrl** key and clicking on the tests.
- Choose the appropriate Priority.
- Tests do not need to be individually signed – instead add all desired tests and then signed off all together.
- Ensure the **Collection Date/Time** is correct.



Lab Order - Add-Ons

- Lab test can be added on to previous draws/collections that are still in the lab.
- When you are unsure if the blood has already been drawn, collected, or processed, the order status will provide you with the information you need to determine if additional testing can be added.



- Call **52580** at VH or **35787** at UH to reach the lab.
- Call **64261** to reach the Specimen and Receiving / Core Lab at St. Josephs.

Lab Order – Add on Blood Work

If a blood sample has already been sent down, and you would like to order more blood work, you need to call the Lab to find out if the blood work can be added on the samples already collected. This will decrease the number times a patient is picked.

Do **NOT** enter these add-on orders in PowerChart > the Lab will enter them.

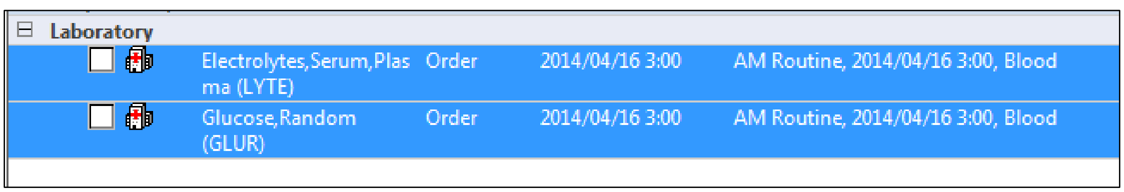
If it's not possible to add on to existing samples, you will be asked to enter the order as a new sample will be required from the patient.

Lab Order – Batching Lab Orders

1. In the **Find** field, type the desired lab test.
2. Select the lab test which will turn blue after it has been selected.

3. If another test needs to be order, click in the **Find** field and type in the desired lab test.
4. Click the  button when all tests have been ordered.
5. To change the default priority or collection time on all orders, click on the first order, hold your mouse down and drag down to select all orders.
6. Enter the desired changes.
7. Click the  button.

Rationale*:* Many lab tests can be completed from one tube of blood. Batching blood tests together with the same **Collection Date/Time** will minimize the amount of blood drawn from a patient and the potential for multiple needle picks to access blood.



Lab Order – Help with Ordering a Lab Test

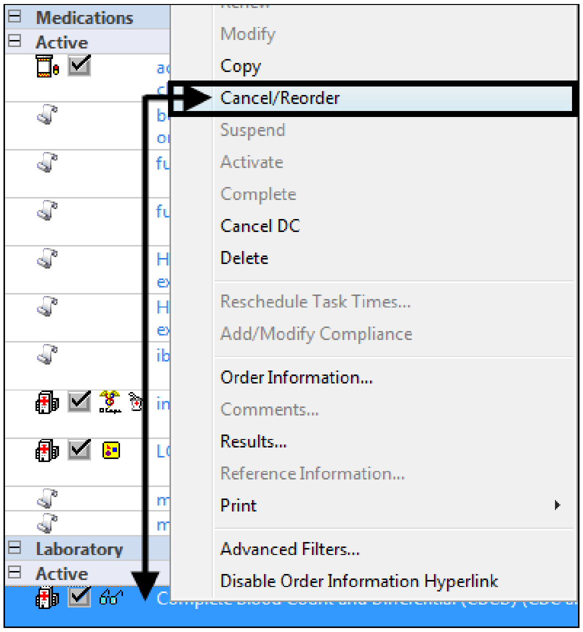
If you need assistance ordering lab tests, contact your Unit Clerk, Nurses or a SuperUser.

It is important that when you order a lab test with a frequency, that you also include a **Duration** and **Duration Unit.**

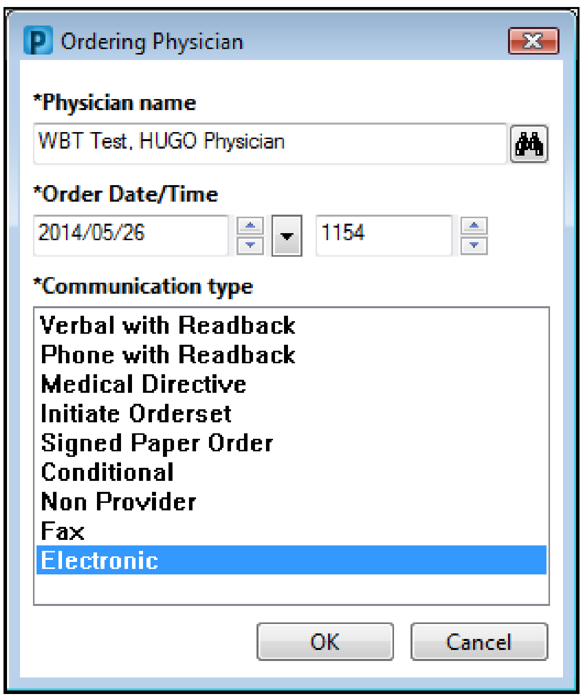
Lab Order – If You Cannot Draw Blood

If a blood order has been placed, the labels have been printed, but you are unable to obtain the specimen, e.g., patient refuses or you cannot access a vein, you need to cancel and reorder as an electronic order for the next day.

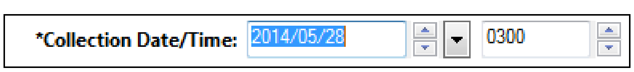
1. Open patient's chart to the **Orders** page.
2. Right-click over the blood order and choose **Cancel/Reorder**.



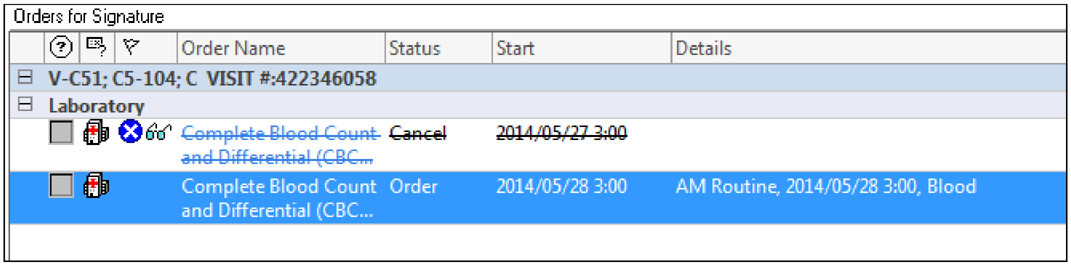
3. The **Ordering Physician** dialog box opens.
4. Complete the **physician name** field and choose **Electronic** as the **Communication type**.



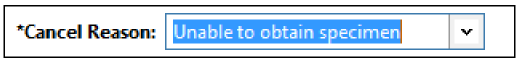
5. Click the OK button.
6. In the order details, set the **Collection Date/Time** field for the next day.



7. Click the Orders For Signature button.
8. You will see both the cancelled order and the new order on the scratch pad.



9. Complete any missing details, e.g., **Cancel Reason**.

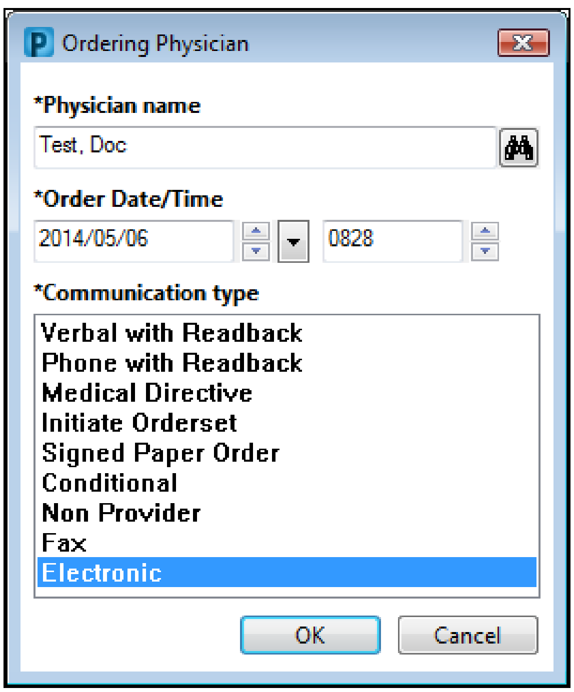


10. Click the  button and refresh your screen.

Important:	Make sure you destroy the old labels.

Lab Order – Insufficient Volume

If the lab calls and asks a nurse to redraw a sample due to insufficient volumes, the nurse must enter an order for that test and, in the **Ordering Physician** dialog box, choose **Electronic** as the **Communication type** and include the admitting physician in the **Physician name** field.

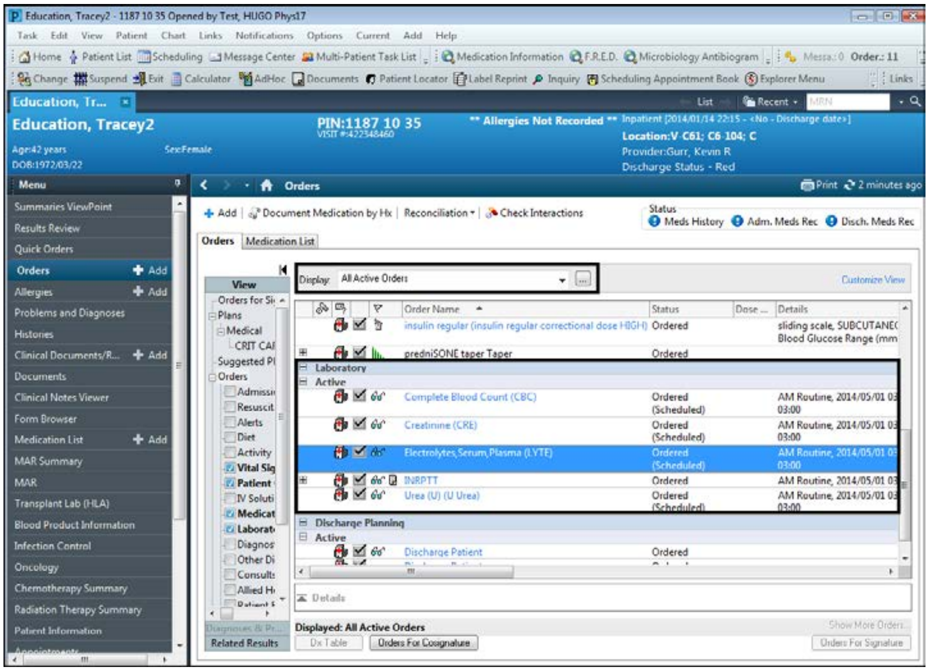


Lab Order – Check for Existing Lab Orders Before Ordering More

Many patients currently have lab orders on their charts that are scheduled as daily blood work. Before ordering blood work on a patient, please look at the laboratory section on the **Orders** page to ensure you are not duplicating existing orders.

1. You must be on the **Orders** page.
2. Make sure **Display** is set to **All Active Orders**.

3. Scroll down to **Laboratory** section.
4. Review all active **Orders**.
5. All active orders will have a checkmark.



Lab Order - Request for Repeat Collection or Appended Addition

Laboratory Request for Repeat Collection

Scenario: Sample clotted, hemolysed, insufficient quantity, tube broke in centrifuge

1. Lab notifies unit which specific sample/lab order needs to be redrawn.
2. Lab cancels current order sample.
3. Nurse***** enters the new order for the repeat draw of specific sample/lab order, entering the original ordering physician name and communication type “electronic”.
4. Nurse/IV team draws sample, labels appropriately and sends to lab for resulting.

* If this is a difficult draw or a special population, the nurse may speak with provider if they wish to have the sample redrawn.

Provider Requests to Append (Add) Laboratory Tests to Samples Already in Lab.

Scenario: Lab work has been drawn and sent to the lab. Provider now requests to add a new test to existing sample in lab

1. Provider to call the lab to append lab work to current sample.
2. If new order is required, lab will request provider to enter.
3. Nurse/IV team draws sample, labels appropriately and sends to lab for resulting.

Lab Order – Tests Requiring a Public Health Requisition

If a laboratory test requires a public health requisition, that paper needs to be completed separately on paper and sent down with the specimen.

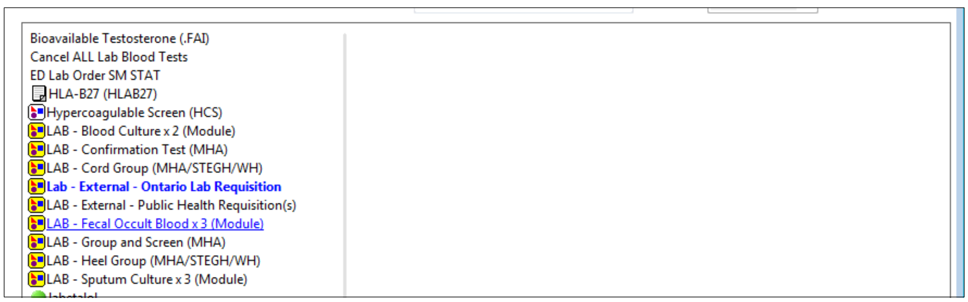
You need to order what is required for lab tests at one time and sign once.

For those lab tests you do not find within the Ontario Lab Requisition, you can add to the bottom of the plan under "Other".

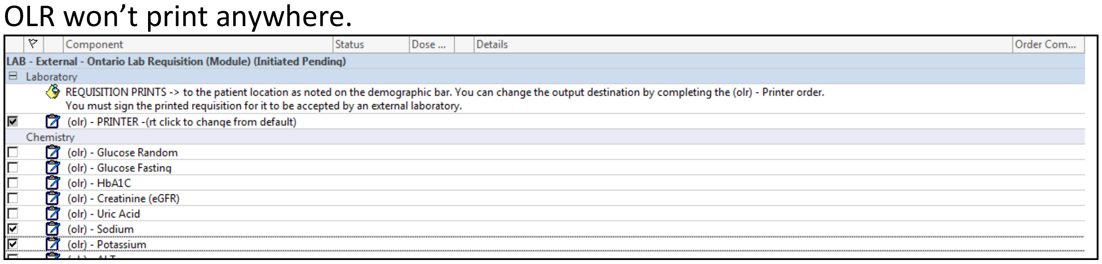
Place Lab External Public Health Requisition

1. Click **Add** order.

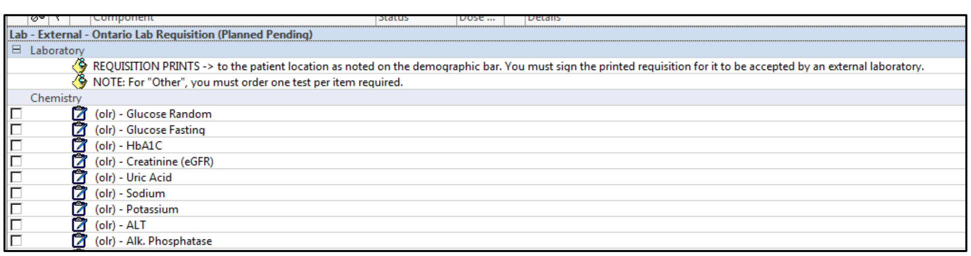
2. Search for the lab order that would require a **Public Health Lab** for completion.
3. Select the **Lab – External – Public Health Requisition** PowerPlan.

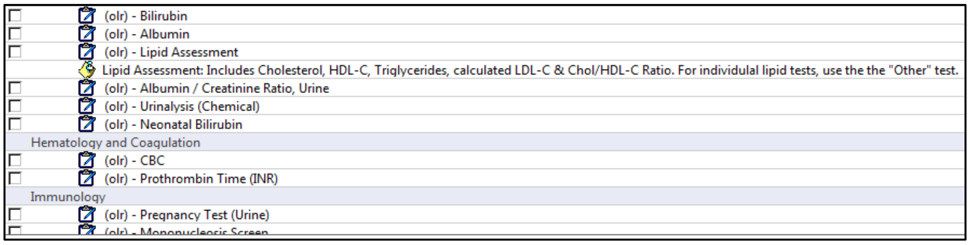


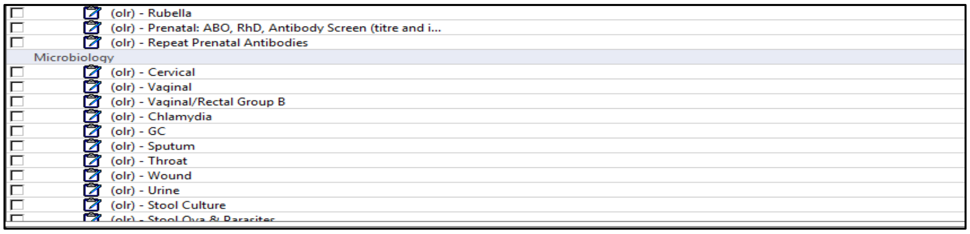
4. Click the  button.
5. **PRINTER** has been made mandatory because if the checkmark is removed then the OLR won't print anywhere.

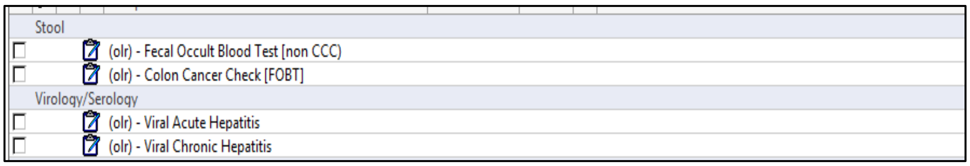


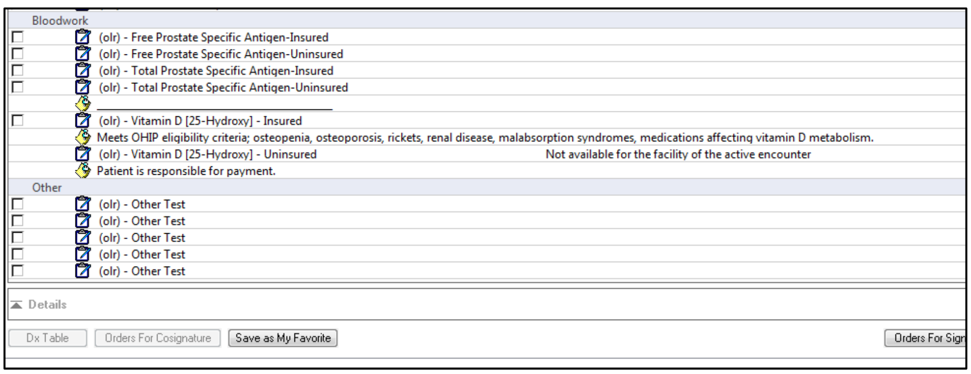
6. Check off the lab tests you require.



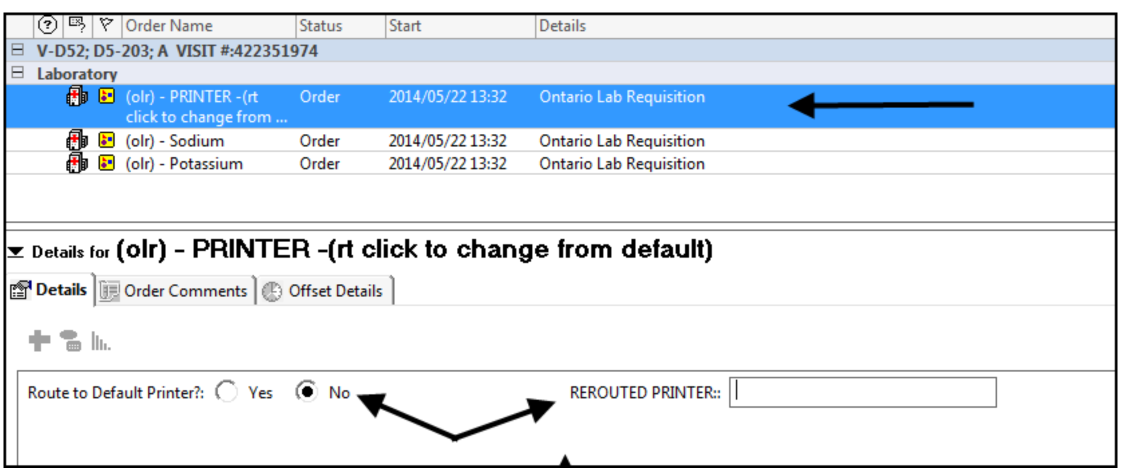








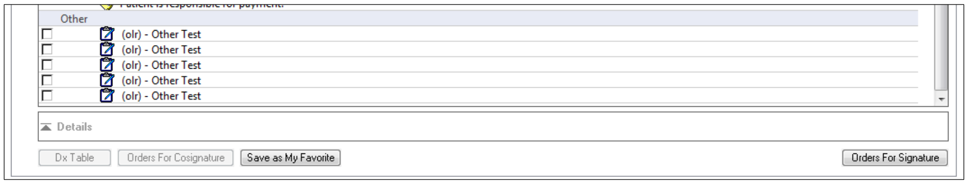
7. Click **Sign** if do not want to change the printer.
8. If you want to change the printer click on **(olr)Printer**.
9. In the **Details**, click **No** and enter the correct printer into the **REROUTED PRINTER** field.
10. Click **Sign**.



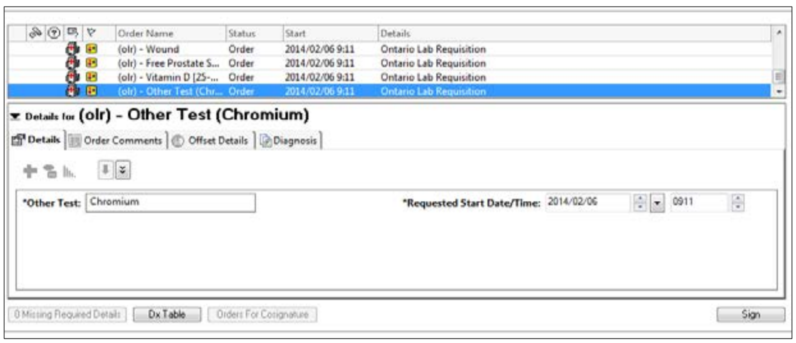
How to Complete Other Tests

This is to be used for orders not found on Ontario Lab requisition.

1. Click **Other Test**.
2. Click the  button**.**



3. Complete all missing details.
4. Click the  button.
5. Requisition will print.



Important: This order will only print on the defaulted printer.

Labels – Changes to Lab Label Printing

The build of the **Routine** collection priority is being changed to ensure Laboratory orders will honour pre-built collection routes for Inpatient areas. Collection routes are scheduled hourly runs that group Laboratory orders together and print labels. For Outpatient areas without these collection routes, Routine T;N will print immediately.

In an INPATIENT area, If you used **Routine** T;N to print a label immediately for a non-stat Laboratory order, you will now have to use the priority of **Timed** with T;N.

Priority options include		Collection date and time
AM Routine	Default for standard labs in inpatient areas (excluding critical care areas).	Collection date/time will be set to the next day at 0300. Blood will be drawn in AM as per hospital routine.
PM Routine		Collection date/time will be set to today for 1300. If the blood work is ordered after 1300 then the label will batch to the next printing for printing.

Priority options include		Collection date and time
Routine	Default in ambulatory areas.	Collection date/time will be set to today's date and the current time. Label will print immediately.
	For inpatient areas.	Collection date/time will be set to today's date and the current time. Label will print for next hour lab collection time, e.g., if order placed at 0805 label will print at 0815. Order placed at 0825, label will print 0915.
STAT	Only for medical emergencies. Default in Emergency departments.	Collection date/time will be set to today's date and current time. Lab labels have STAT printed on them and are processed by the lab as a STAT priority.
Timed	Use for tests that need a specific time for their draw, for successive draws or for a label that is required today and now on the inpatient.	Collection date/time will be entered to the time that is requested. Frequency, Duration, and Duration Unit can be completed to identify recurring blood draws. To print a label immediately for a non-stat laboratory order, use the priority of **Timed** with **T;N**.

Labels – Do Not Reprint Old Labels

Please do not print old labels and put on new blood work. The blood work associated with these old labels has already been resulted and this is causing issues in our lab.

Ensure that you are printing new labels for new blood work, so that proper results can be completed on your patient.

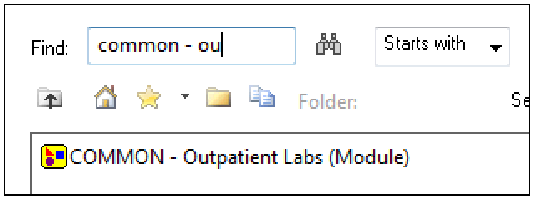
Labels - Printing Solution for Future Lab Orders

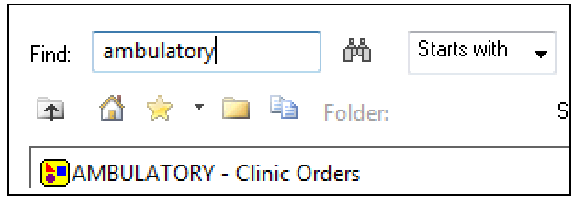
Some facility locations / devices have a required field to select a lab label printer.

This field can be bypassed when ordering labs within a single phase **Power Plan**, allowing the label printer to be selected during the **Initiated** process. It *cannot* be bypassed when placing single lab orders. For this reason, if you are ordering single labs for a future date/time, and you are working at a PC that asks you to complete the required field for a label printer, back out of the order and enter your labs orders within a **Power Plan**.

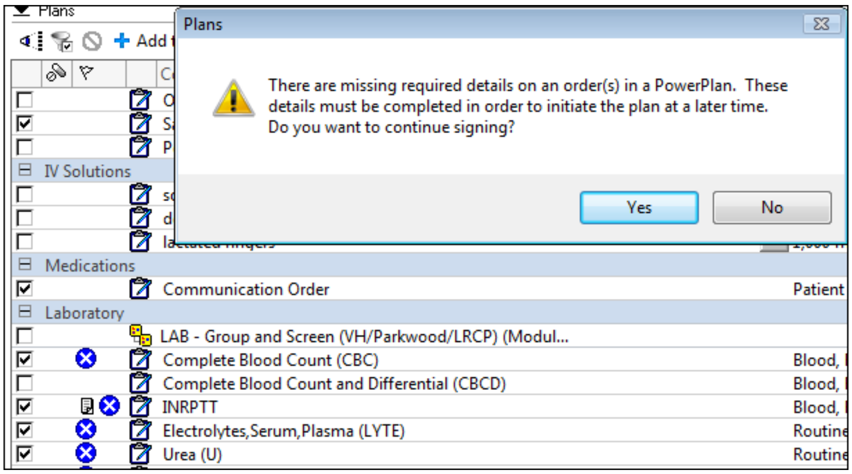
Steps to Order Outpatient Labs within a Power Plan

1. Select a Power Plan. For example, there is a **COMMON – Outpatient Labs** PowerPlan that houses most commonly ordered labs. There is also a blank **AMBULATORY – Clinic Orders** Power Plan in which users can "**Add to Phase**" lab orders.





2. Complete the PowerPlan, ignoring the required label printer field.
3. Click the Sign button to sign the PowerPlan.
4. You will receive a message there are missing required details.

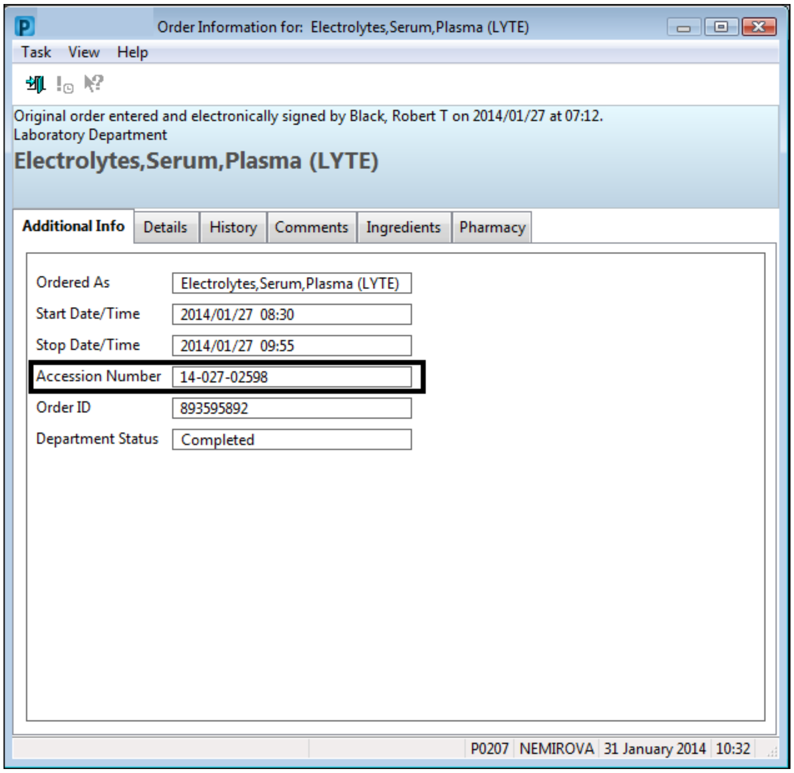


5. Click the Yes button to continue.

Please Note: If a user is placing a multiphase plan from that same area, this solution will not work.

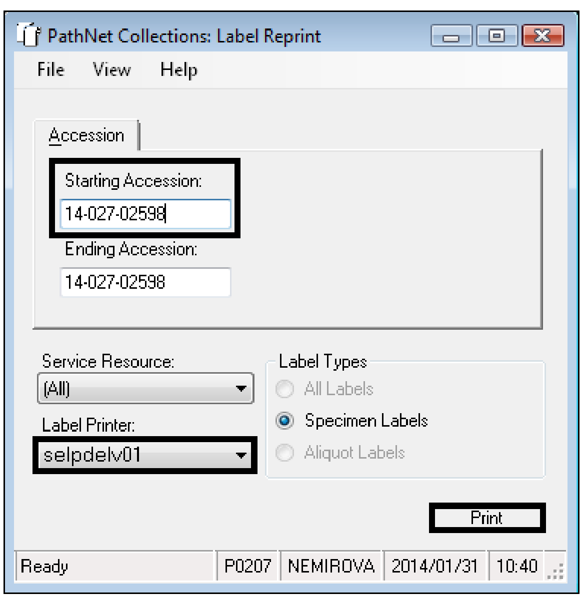
Labels – Reprint a Label

1. Open the **Orders** component of the table of contents menu and find the lab test you want to reprint the label for.
2. Right-click the order and click **Order Information**.
3. The **Order Information for:** window opens.
4. Find the **Accession Number** and write it down.



5. Close the **Order Information for:** window.
6. On the toolbar, click the 

icon.
7. The **PathNet Collections: Label Reprint** window opens.
8. In the **Starting Accession** field, type the accession number you previously wrote down.
9. Pick your printer from the **Label Printer** drop-down and then click the **Print** button.



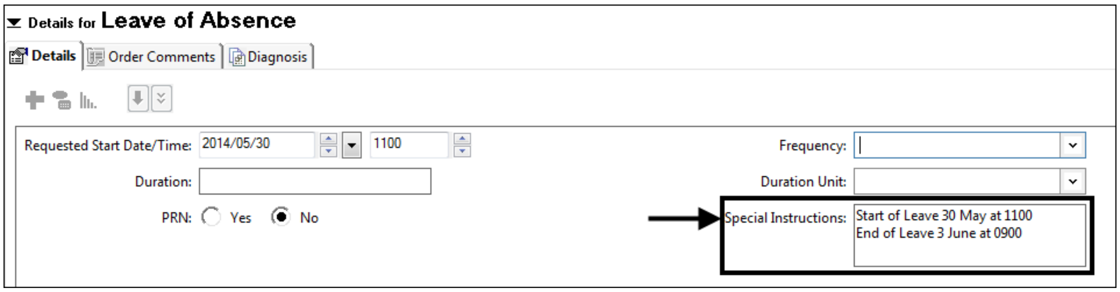
Labels – Required for all Blood Samples

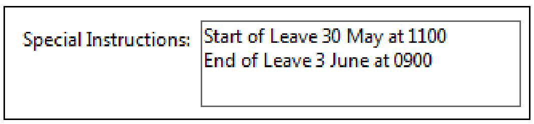
It is very important that blood samples not be taken until there is a label for the sample.

Leave of Absence Order – Start/End Date and Time

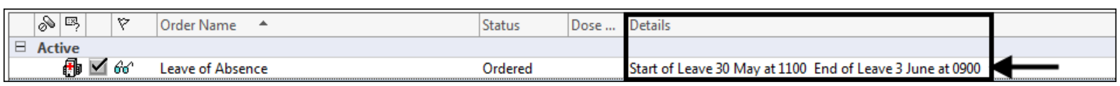
The **Leave of Absence** order has a field to identify a **Requested Start Date/Time** but there is no field, currently, to identify a **Requested Stop Date/Time**.

Therefore, please enter the **Start** and **End** dates of the leave in the **Special Instructions** field of the order details.





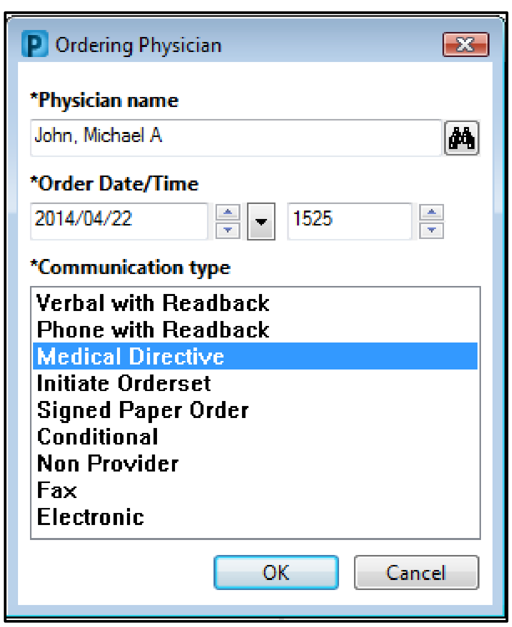
What you type in the **Specialist Instructions** field appears in the **Details** column of this order on the **Orders** page.



Entering your specific requests dates for a leave will ensure clear directions and indications to other staff of the status of that patient.

MRSA Swabs

MRSA swabs do not print automatically on direct admits. MRSA swabs will need to be ordered on these patients as per the LHSC Medical Directive with **Dr. Michael A John** as the ordering physician and **Medical Directive** as the **Communication type**.

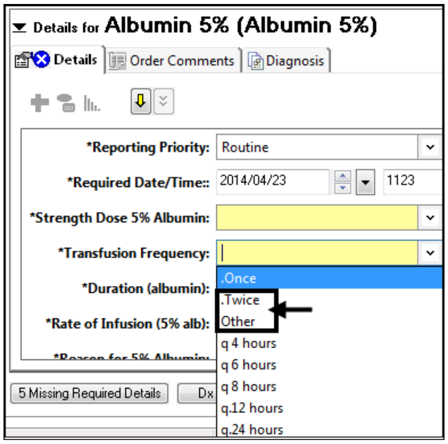


Medication Order – Albumin Orders

New responses have been added to albumin order detail fields.

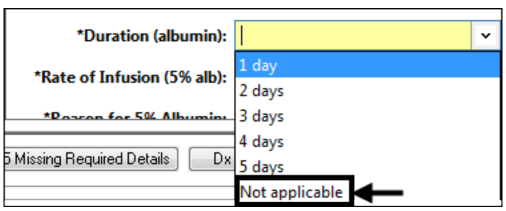
Transfusion Frequency Field

In the **Transfusion Frequency** field, two news responses have been added – **Twice** and **Other**.



Duration Field

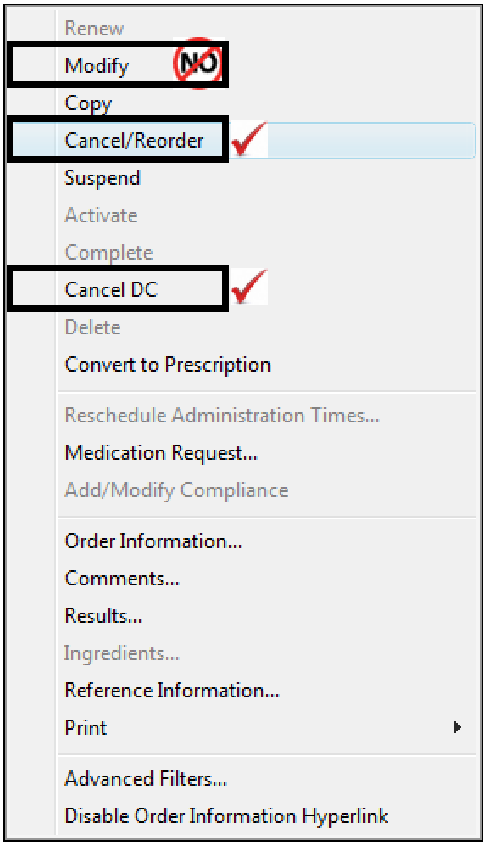
In the **Duration** field, one new response has been added – **Not Applicable**.



These additional responses will make the ordering of multiple doses within a day less confusing, e.g., Albumin 5% 500ml times 2 doses.

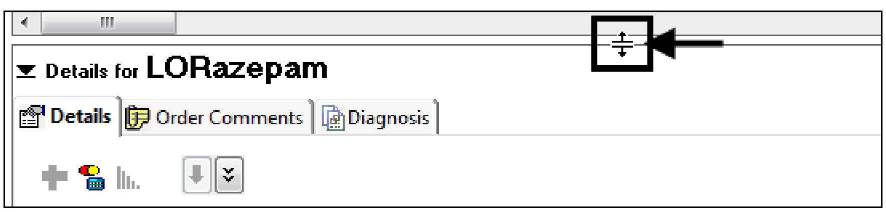
Medication Order – Discontinue or Cancel/Reorder

1. When you need to change a medication order, please use the **Cancel/Reorder** or **Cancel DC** functionality **NOT** Modify.

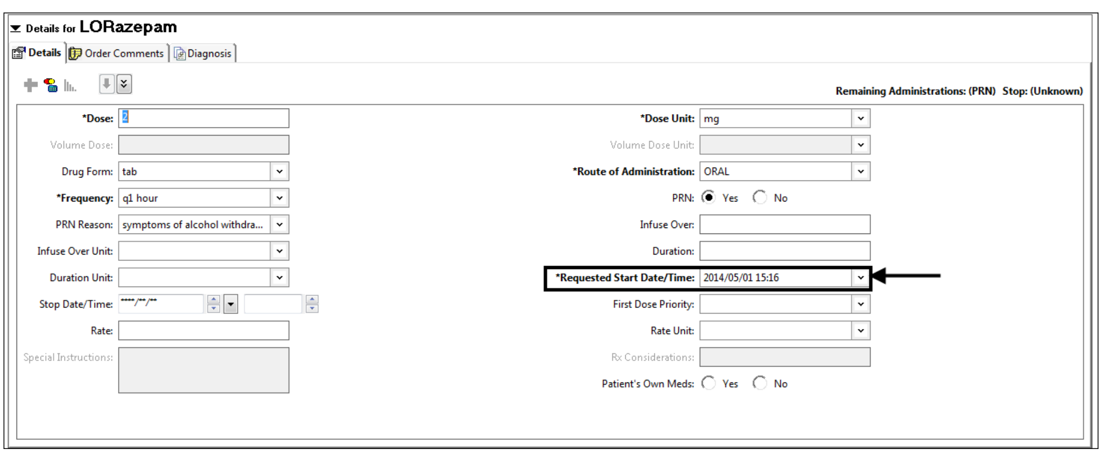


2. It is also important to expand the **Details** section of the medication order by placing your mouse on the border of the **Details** pane – your mouse will turn into a two-headed arrow.

3. With the two-headed arrow visible, click and hold the left mouse button while you drag the pane up to increase its size.



4. This is so that you see the **Requested Start Date/Time** field clearly, preventing confusion with medication administration times.



Medication Order – Dose Times Associated with Hourly Frequencies – LHSC

A reminder about dose times associated with several of these hourly frequencies. These are not new frequencies and apply to LHSC. They intentionally skip dose times overnight.

q1 hour while awake
08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 (skips doses from 23 to 07)

q2 hours while awake
06 08 10 12 14 16 18 22 (skips from 24 to 04)

q3 hours while awake
06 09 12 15 18 21 (skips doses for 24 and 03)

q4 hours while awake
06 10 14 18 22 (skips 02 dose)

q6 hours while awake
06 12 18 (skips 24 dose)

If wanting to give a medication around the clock (ATC) but ok to skip if sleeping, then these frequencies should NOT be used, as they will skip doses and are not ATC frequencies.

For medications wanted ATC use q2 hours, q6 hours, etc. and put info about holding during sleep in the **Order Comments**. This gives the RN a dose to document against ATC and the ability to give or hold the dose during the overnight hours depending on whether the patient is sleeping or not.

Medication Order - Saline Lock Flush

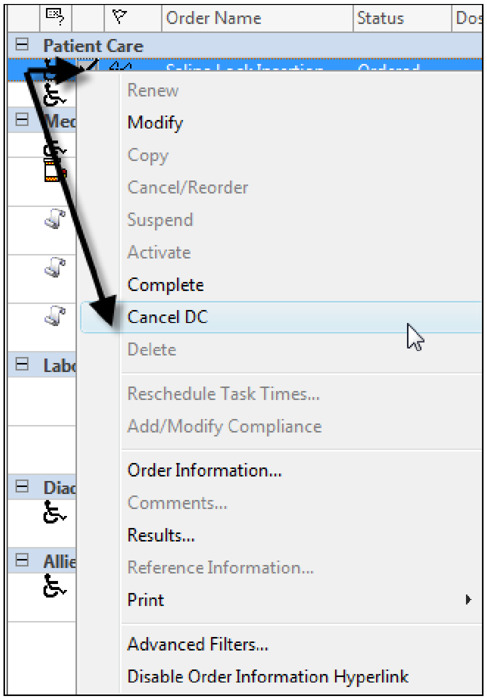
If a patient has a saline lock nursing can enter the saline flush order. It is found in the system as **Sodium Chloride 0.9% flush**.

Discontinuing Saline Lock and Flush

Please do not send a Med Request to pharmacy to discontinue a saline lock and/or saline flush.

This can be done by nursing.

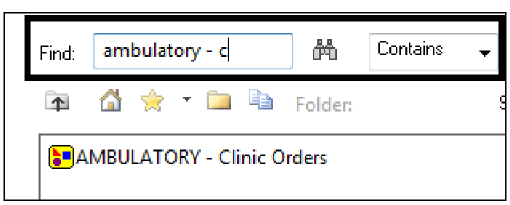
1. Right click on the **check mark** beside the order.
2. Select **Cancel DC.**



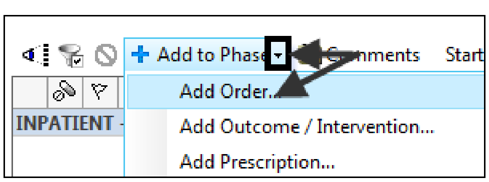
3. Enter a **Cancel Reason**.
4. Click the Orders For Signature button.
5. Click the Sign button.
6. Click Refresh (Minutes ago).

Medication Order – Starting or Tapering Medications in Ambulatory

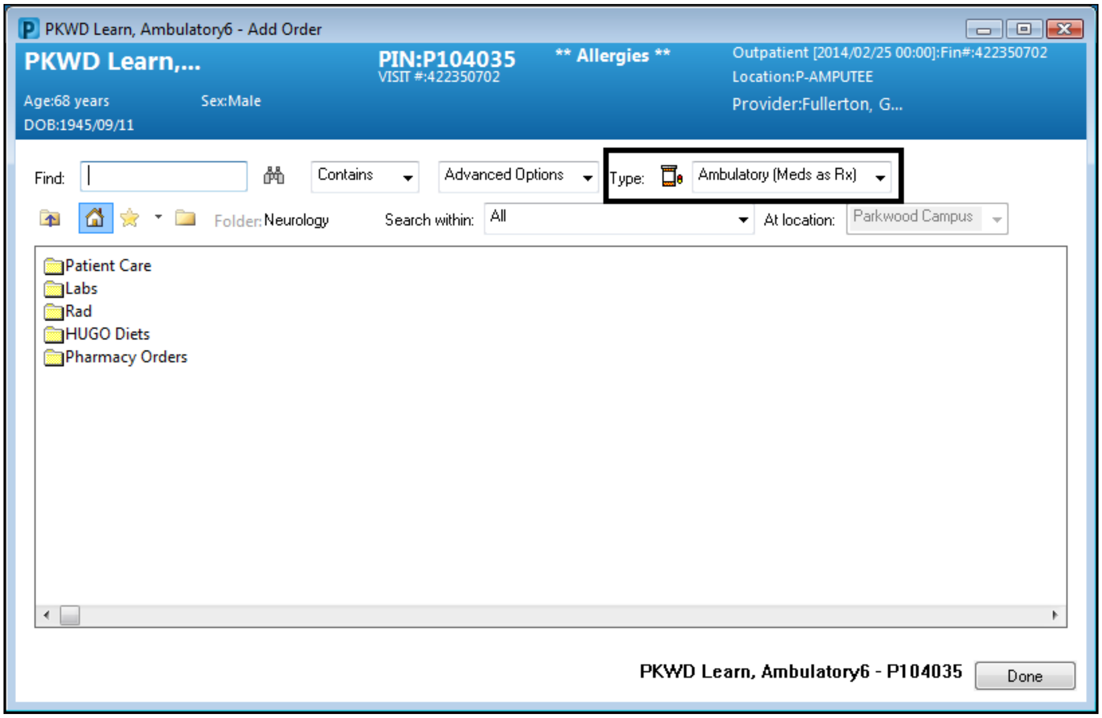
1. Once in the patient's chart, click **Orders** from the table of contents menu.
2. Click **Add**.
3. The **Add Order** window opens.
4. In The **Find** field, type `ambulatory -c` (make sure you are searching with **Contains** set.)



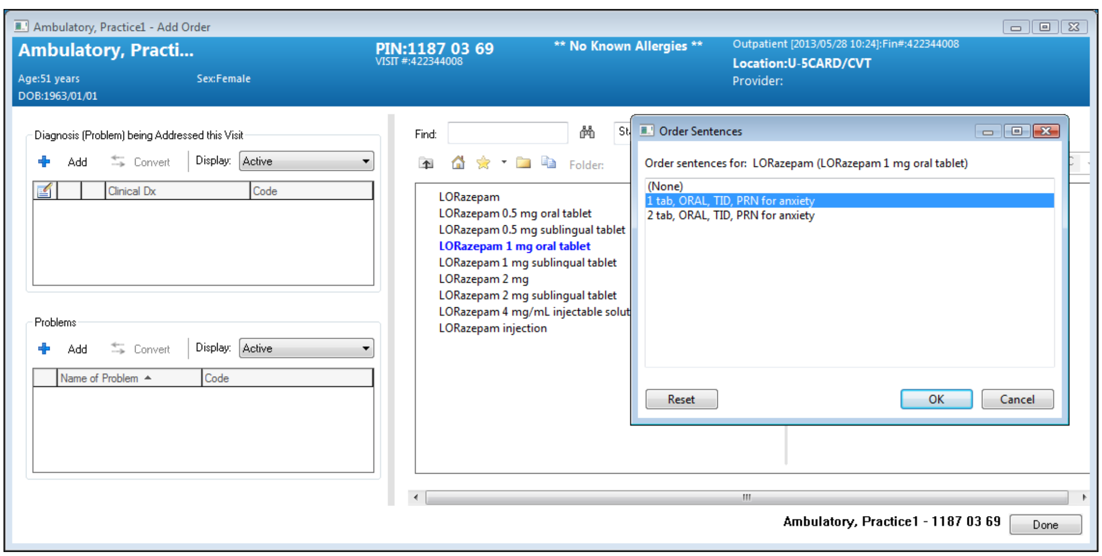
5. Click the **AMBULATORY – Clinic Orders** PowerPlan – it will turn bold and bue.
6. Click the Done button.
7. Click the Add to Phase icon and then click **Add Order**.



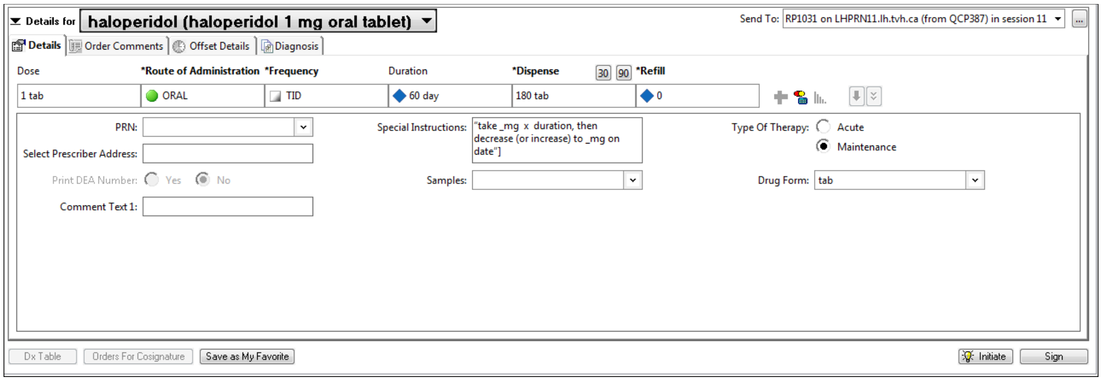
8. In the **Add Order** window, change the **Type** field to Ambulatory (Meds as Rx).



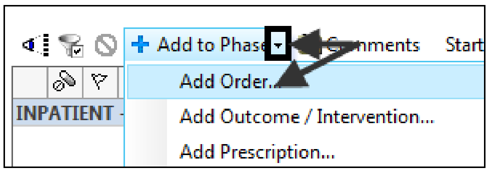
9. In the **Find** field, type the name of the medication you are starting or tapering.
10. Choose correct order sentence (or the closest to it).



11. Click the OK button to close the **Order Sentences** window.
12. Click the Done button.
13. Complete the **Dose**, time, **Duration**: put the # [space] day or week.
14. In the **Dispense** field ensure number correlates for that duration.
15. NOTE*****Special Instructions**: [type in here something to the effect "take _mg x duration, then decrease (or increase) to _mg on date"]



16. Next, click the **Add to Phase** icon and then click **Add Order**.



17. In the **Add Order** window, change the **Type** field to Ambulatory (Meds as Rx).

You have to change the **Type** field every time to Ambulatory (Meds as Rx).

18. Complete again steps 9-15, changing the doses, the duration and the dates and message in special instructions.

19. For the last decrease, include in the special instructions when to discontinue.

Before initiating and signing, click the Save as My Favorite button at the bottom.

Make sure you change the name of it to reflect what it is, for example “Titrating Quetiapine WR 2014/03/04”.

Adding your initials and the date can help you identify that this is the PowerPlan that you created in order to find it next time.

20. Click the Initiate button.

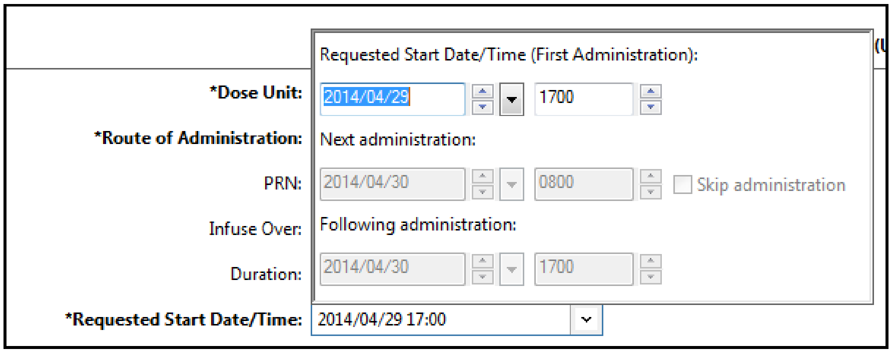
21. Click the Orders For Signature button.

22. Click the Sign button.

Important When you click the Sign button, it automatically prints.

Medication Order – When Ordering any Medication

The provider needs to pay attention to the Requested Start Date and Time. You need to assess the date and time and adjust to **Requested Start Date/Time** to the **Next administration** if required.



Orders that Do Not Fire to your Multi-Patient Task List

Not all orderables are set to fire a task. The following do not:

- Dressing changes;
- Vital signs;
- Central Venous Pressure (did but we have removed the tasking).
- Future lab orders;
- Future MRI, Ultrasound, CT, Nuclear Medicine, General Xrays;
- Planned PowerPlans (you can view them in the patient's chart).

Orders that Fire to Multi-Patient Task List for Ambulatory

- Return to clinic;
- OP Allied Health referral (referral to OT or PT);
- OP Clinic referral (referral to another clinic – e.g., Respiratory);
- Labs if they are entered as today and now (can be found on Specimens to collect tab).

Important: Outpatient Allied Health Referrals do not fire a task to the Referrals Task List of the allied health professional.

Placing Diet Orders – Use Drop-Down Fields Not Order Comments

Issue

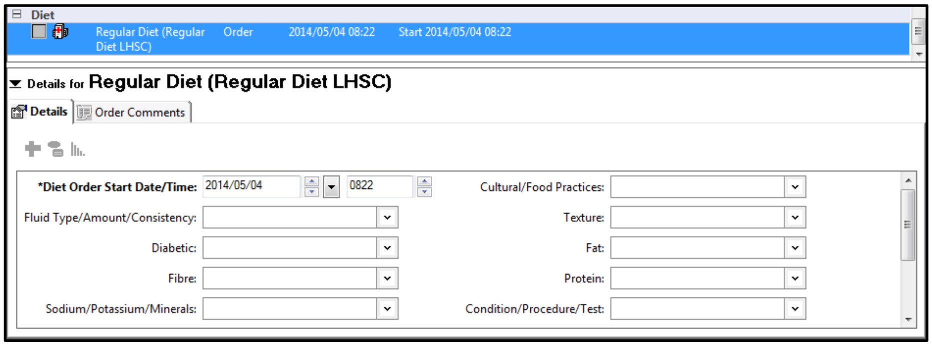
Dietary order information is not being transferred from PowerChart to the dietary software.

Reason

Users are typing dietary information in the **Order Comments** tab instead of using drop-down fields in the **Details** tab. Text typed in the **Comments** tab does not get transferred to the dietary software.

Solution

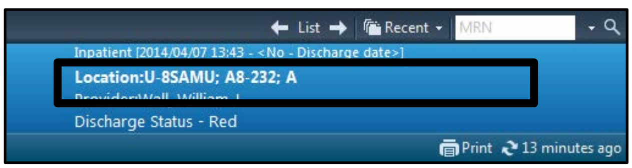
1. Do not use the **Order Comments** tab when ordering diets.
   These comments are not transferred to the dietary software.
2. Use the dropdown qualifier fields on the **Details** tab to add details to the dietary order. See below:



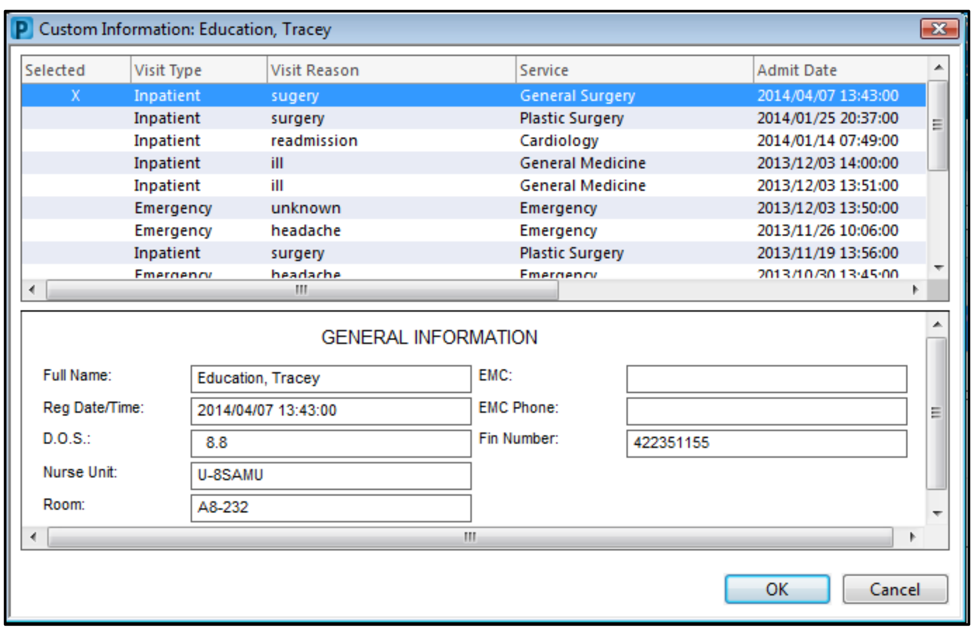
Placing Orders on the Correct Encounter

Important It is important to choose the correct encounter to ensure that orders are placed to the correct encounter and eliminates the need to cancel and reorder orders placed on the wrong encounter.

1. The Demographic bar displays the patient's location and encounter type.



2. To change the encounter you are viewing click the **location** hyperlink on the demographic bar to open the **Custom Information** dialog box.

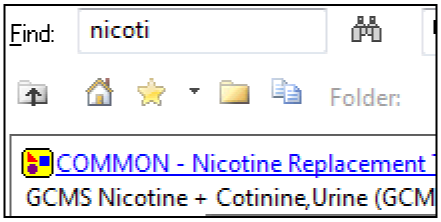


3. Double click the desired encounter to change encounters.

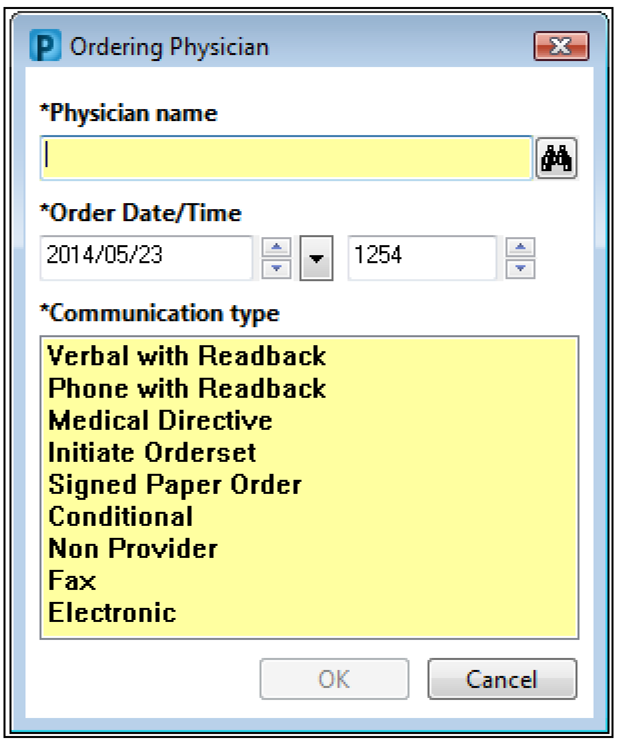
Placing a Patch Order

Add Patch Order

1. Click **Order's** Add from the **Table of Contents** menu.
2. In the **Find** field of the **Add Order** window, type the name of the medication to administer.



3. Click **COMMON – Nicotine Replacement** PowerPlan.
4. Enter the **Physician name** and **Communication type**.

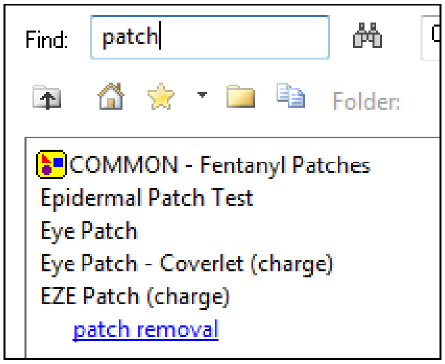


5. Click the Done button.

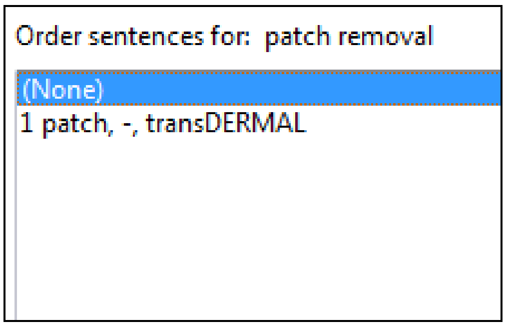
Add Removal Order

If a patch dosage is continuing from a home med remember to add the removal order.

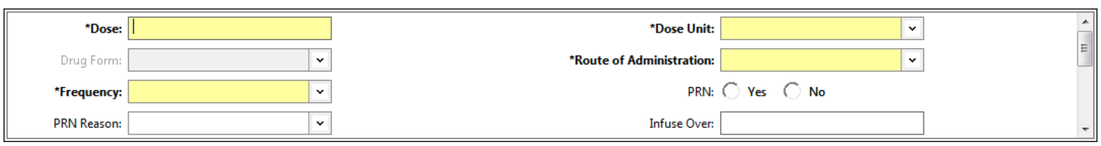
1. Select the Add icon beside Orders on the table of contents menu.
2. In the **Find** field of the **Add Order** window, type the name of the medication to administer.



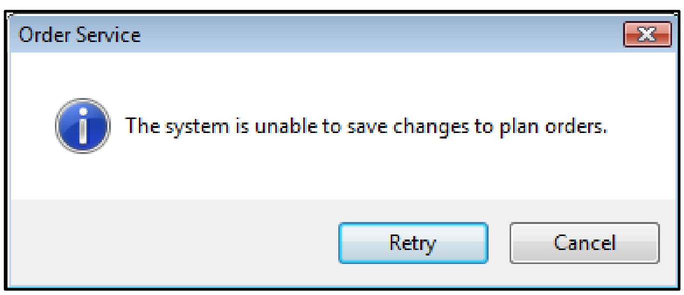
3. Select **patch removal**.
4. Select the correct **Order Sentence** if applicable**.**



5. Click the  button.
6. Complete the blank yellow fields



7.
8. Click the  button.



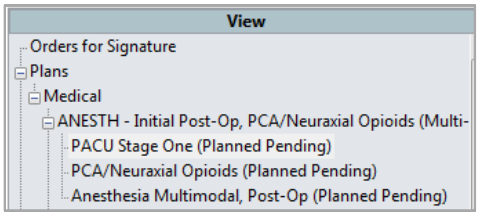
Placing Post Op APS Orders

Multi-phase anesthesia post op orders have three main components:

Phase 1 – PACU Stage One,

Phase 2 – PCA/Neuraxial Opioids (or Epidural),

Phase 3 – Anesthesia Multimodal, Post-Op.



All phases of this plan will be initiated during the PACU phase of the patient's care.

Phase 1 PACU Stage One will be discontinued by the PACU nurse once the patient has met the criteria

Phase 2 & 3 will be discontinued by the APS team pain when they are finished following the patient.

Important If the PACU phase has not been discontinued before the patient is transferred to the post op area the inpatient nurse must do so.

Ortho PowerPlans not Processing Due to Missing Date for a Routine Xray T+1 for Post Op Day 1

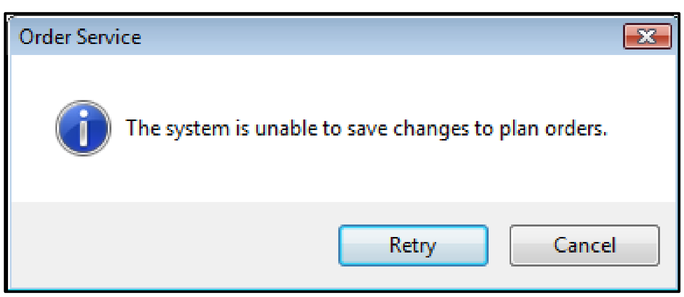
Issue

Ortho PowerPlans are not processing because the **Requested Date/Time** field for a **Routine xray T+1 for Post Op Day 1** in the PowerPlan has been left blank**.**

Reason

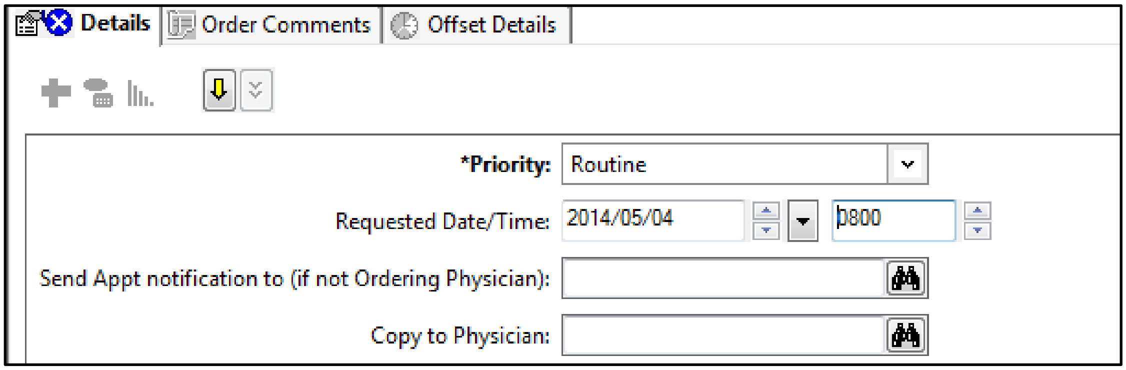
This is occurring because the **Requested Date/Time** field is not yellow-required. Users do not realize that it is a required field because it is filled white instead of yellow, and do not enter a date and time.

When users sign the PowerPlan without entering a date and time for "tomorrow's" date, they receive an error message similar to the one below:



Solution

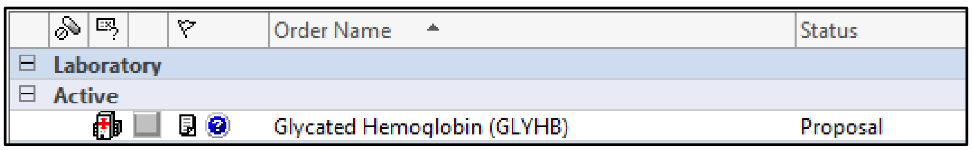
When ordering **Routine xray T+1 for Post Op Day 1**, ensure you select "tomorrow's" date and time, in the **Requested Date/Time** field as shown below.



Placing Proposed Orders

As an alternative to Suggested Order PowerPlans, physicians have been given the ability to propose orders.

Proposed orders will appear with an icon and the status of **Proposal**. Proposed orders will also show up in Message Center of the physician it is directed to.

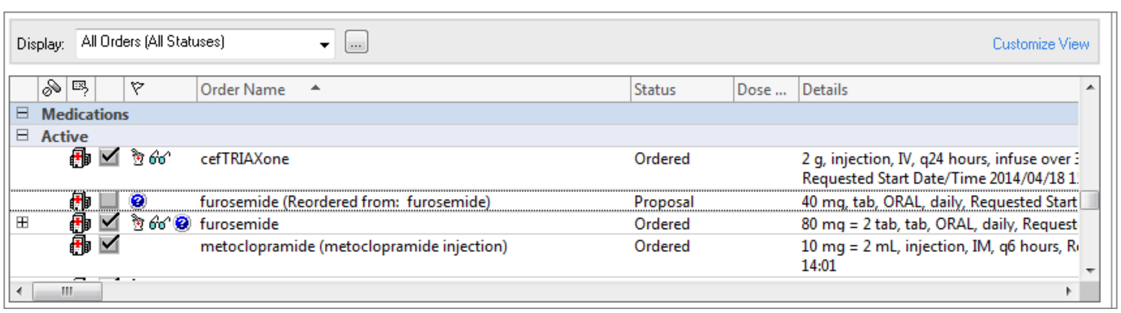


If you see these orders, please keep a watch to ensure the MRP team addresses them. If the order is urgent please page your team to make them aware of the order(s).

We are working on an alert that will fire when a patient has a proposed order. This alert also fires a task to nursing and unit clerks to remind them to make sure the order(s) is addressed by the MRP team.

From a Consulted Physician

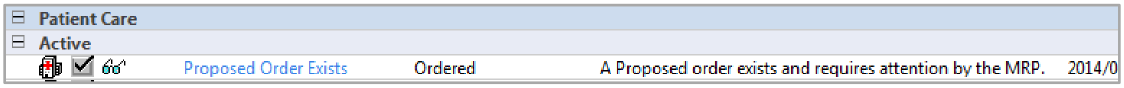
Proposed orders from a consultant will now show in a **Proposal** status on the **Orders** page.



The first time a nurse or unit clerk open the patient's electronic chart after a proposed order is entered, the system will place an order called **Proposed Orders Exist**. This order will fire a task that is viewable for nurses and unit clerks.

Order Placed by System

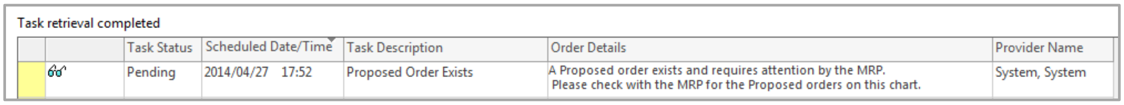
This order will change to complete when the task is completed but will fire again if the proposed order is still in place



Tasks Firing to Nursing and Unit Clerk Task List

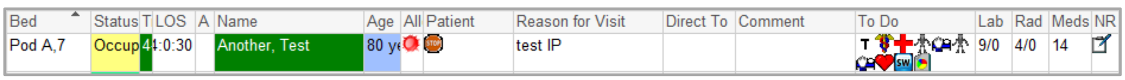
This task is meant to alert nurses and unit clerks to notify the admitting team of the proposed order.

It is recommended that the task is marked as complete after the physician accepts/rejects the proposed order



Proposed Order Alerts in FirstNet

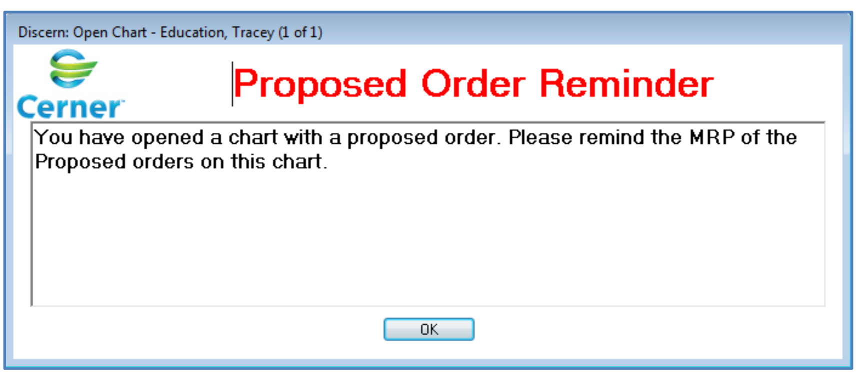
When a proposed order is placed on a patient's chart in FirstNet the **Proposed Orders Exist** order will be placed by the system and a **Proposed Orders** icon will appear in the **To Do** section on the tracking board



Nursing will be responsible for completing the icon after the proposed order is accepted/rejected. This will complete the **Proposed Order Exists** order.

Proposed Order Reminder

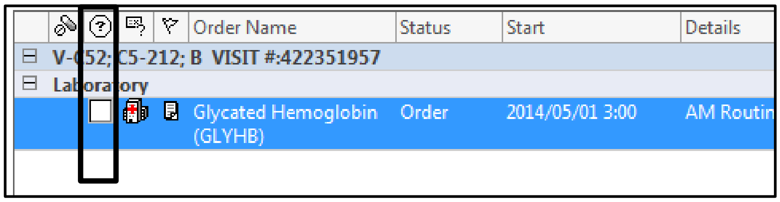
1. When opening a chart that has a proposed order the following alert will fire.
2. Click **OK** to clear the alert – it doesn't accept the proposed order.



If you are not part of the MRP team and this proposed order is not within your decision-making scope to accept or reject, disregard this alert.

Quick Check Box for Proposed Ordering

When you have selected a



Placing Respiratory Care Orders

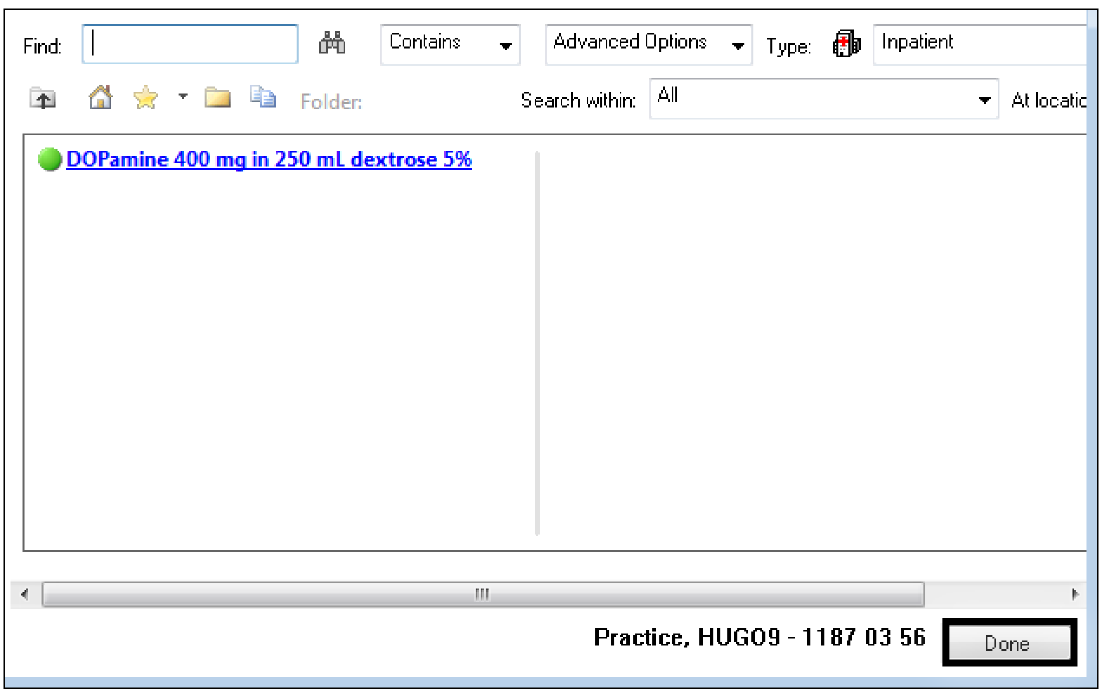
For all blood gas orders, please call when the order is placed and call RRT to collect.

For all RRT related requests please continue to page as you have previously.

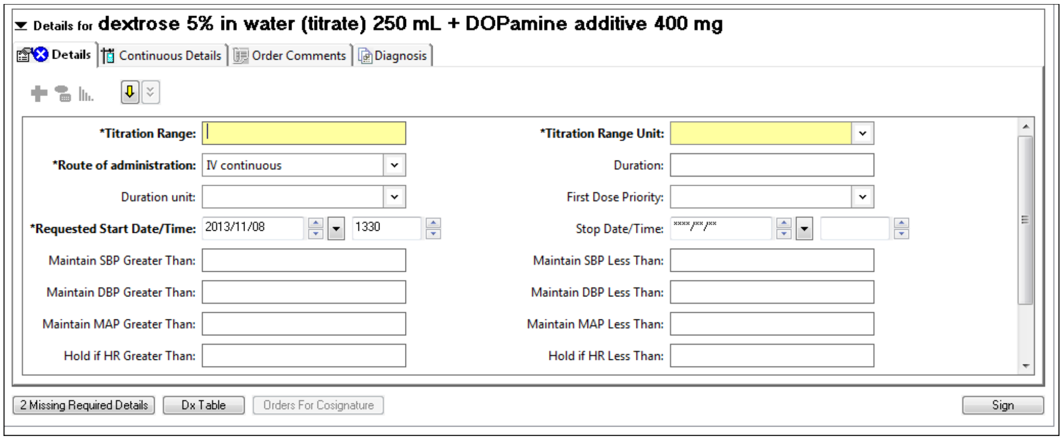
Placing a Titration Order

Placing the Order

1. Open the patient chart to **Orders**.
2. From the table of contents menu, click **Add**.
3. The **Add Order** window opens.
4. Search for and select the desired drug.
5. The orderable will turn bold and blue.



6. Click the **Done** button.
7. On the order **Details** tab, complete appropriate fields, including Titration Range, Titration Range Unit, titration instructions, and vital parameters.



8. Click the **Sign** button and then click **Refresh**.

Placing TPN Order

Initial TPN Orders

Search and select the COMMON – Total Parenteral Nutrition (TPN) (Module)

COMMON - Total Parenteral Nutrition (TPN) (Module)

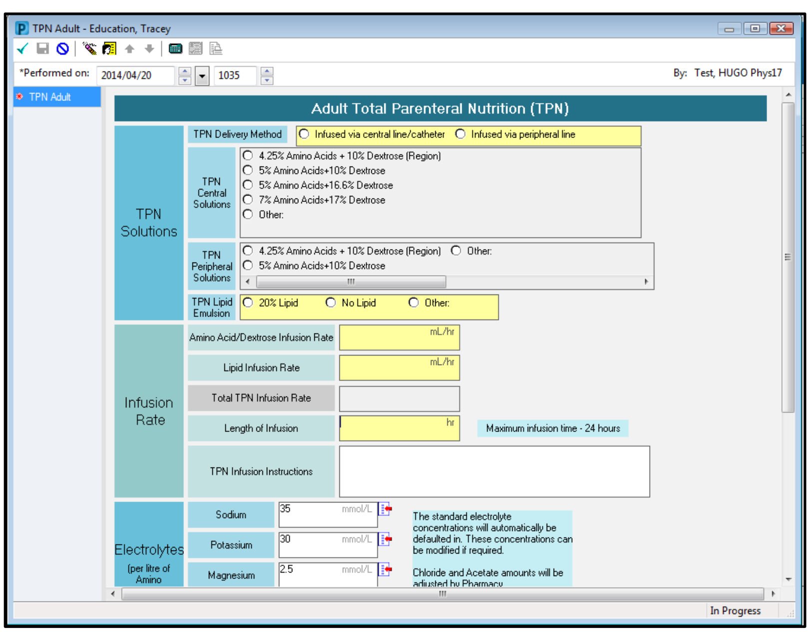
Changing an Existing TPN Order

Search and select the **TPN Fluid – Adult** order.

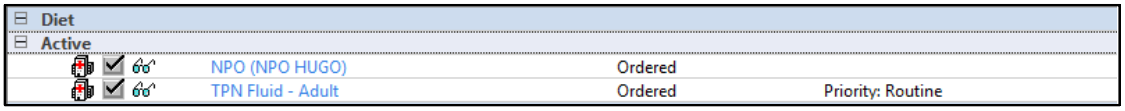
TPN Fluid - Adult

Important	**DO NOT** change the TPN medication order.
	DO NOT enter as a Communication Order

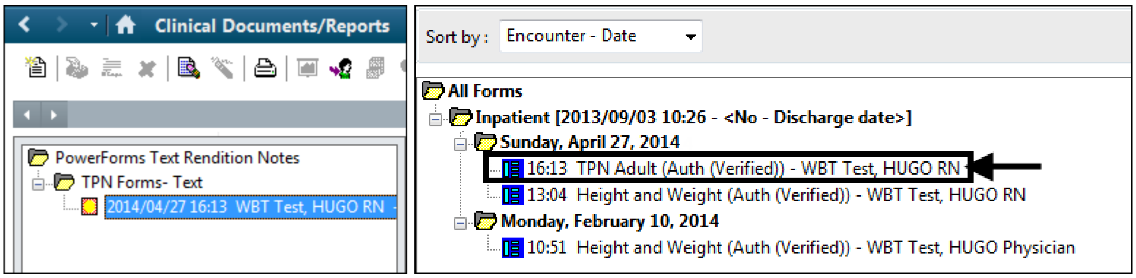
The TPN Adult PowerForm will open and the yellow fields must be completed.



The TPN-Fluid order will show up in the **Diet** section of the **Orders** page. This order tasks to a Pharmacy task list for them to enter the order in PharmNet. It will not immediately show up as a medication on the MAR.

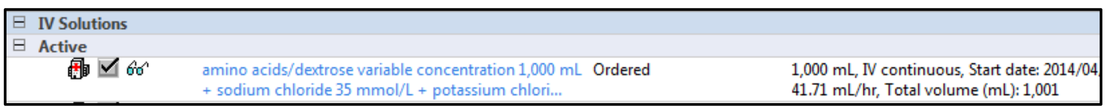


This order has an associated PowerForm that can be viewed in the **Clinical Documents/Reports** and in **Form Browser** from the table of contents menu.

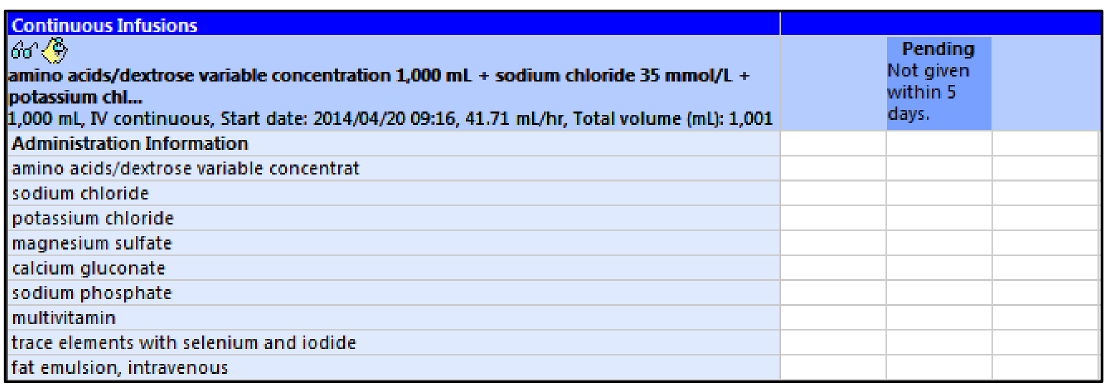


When the task is completed by Pharmacy its status will change to **Completed** and the order will not show on the **All Active Orders** list.

Once the TPN order is entered in PharmNet the medication will appear on the Orders page under the **IV Solutions** section.



The TPN will also then show on the MAR as follows:



TPN Form in PAED is Not Available at this Time

PAED Dietitians must call Pharmacy to notify them that they have completed the form. Pharmacy will then view the form of the **Clinical Documents/Reports** page.

Placing Verbal and Telephone Orders

There will always be times when verbal/phone orders are appropriate:

- A urgent situation for a patient,
- A physician is scrubbed in to a case/procedure,

- A call for changes to existing orders in the night,
- The physician is travelling,
- The physician is in a setting where no computer is available.

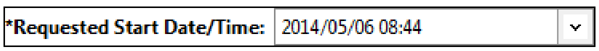
You need to keep provider engaged until verbal or telephone order is signed, so he/she can address any alerts that might fire.

Please refer to the Telephone and Verbal Orders policy for further information.

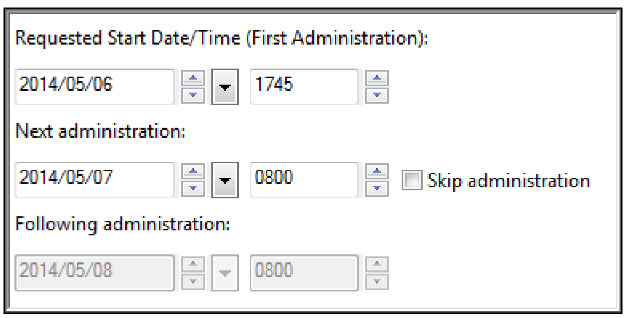
Verbal Orders Start Date and Time

When completing verbal orders with readback, ensure that the start date and time of the order is appropriate. For example, an order for bedtime placed in the morning should start at 2200 hours not "today and now".

1. In the **Details** for the order, click the down-arrow for **Requested Start Date/Time**.



2. Enter the new date and time.

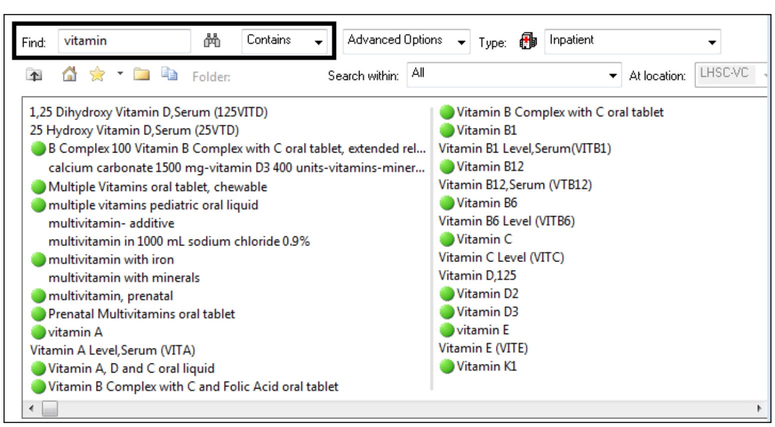


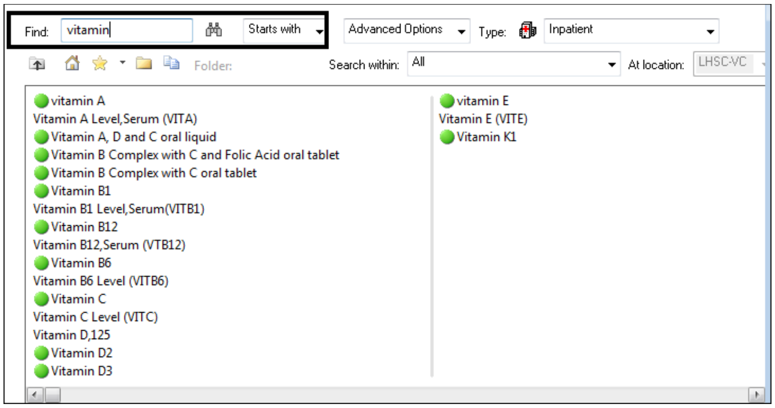
3. Click the  button.

4. Click **Refresh** (Minutes ago).

Placing Vitamin Order

When ordering vitamins, change from the defaulted **Contains** to **Starts with** to limit your search results to orderables that start with the word “vitamin”, as opposed to orderables that contain the word “vitamin”. See examples below.





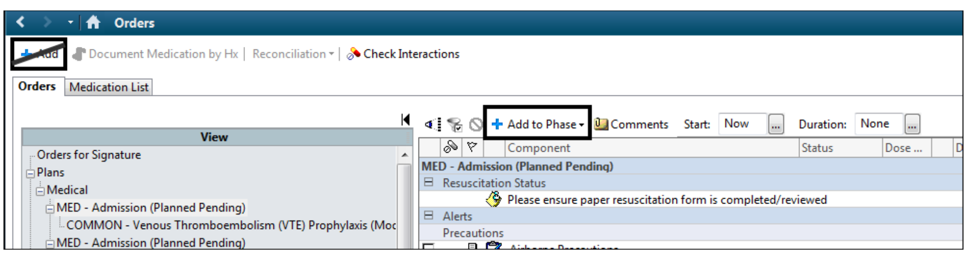
Please remember to change back to **Contains** on your next order.

PowerPlans

- Do not choose a label printer.
- Batching of blood work can only be done after you have initiated the orders.
- Be mindful of the date when ordering labs for AM Routine as they will be scheduled to print for tomorrow's date, e.g., watch to see if it is after midnight or before midnight

Add an Order to a PowerPlan with Add to Phase NOT Add

1. When adding an order to a PowerPlan prior to placing it in a **Planned** state, be sure to click **Add to Phase** icon and not the **Add** icon.



2. Click **Add to Phase** and then click **Add Order** to open the **Add Order** window.
3. Search for and select the order and click **Done**.
4. Enter the order details and **Sign** and **Refresh**.

If you have generated your lab labels and you require an additional lab test - you must contact the Lab Department. They will guide you on how to enter the additional test.

Blood Transfusion PowerPlans

Once the last product associated with a BLOOD TRANSFUSION PowerPlan is infused, nurses need to discontinue the PowerPlan to discontinue the remainder of the orders, e.g., the continuous IV order.

Blood products are only available to order within the BLOOD TRANFUSION PowerPlans. Providers may choose to use the Full Protocol or the Product Only.

Using the PowerPlan will task the transfuse order to the nurse.

Blood Transfusion PowerPlan have been added to the Blood/Tissue products order folder.

To view pending blood product orders and/or product availability click **Blood Product Information** on the **Table of Contents** menu in the patient's chart.

This is new for Albumin, IVIG and Rh Immune Globulin.

- The Blood Transfusion Lab will assign the total number of vials / grams that were requested in the physician's order.
- The order will be completed because the blood product is now available for pickup.
- The nurse needs to send a **PickUp** order for the appropriate time and **NO** more than **1** days' worth of albumin or IVIG should be requested at one time.

This change to Albumin, IVIG, and Rh Immune Globulin will now be consistent with ALL other blood products.

In the Blood Product Information (BPI) page, there will be either a;

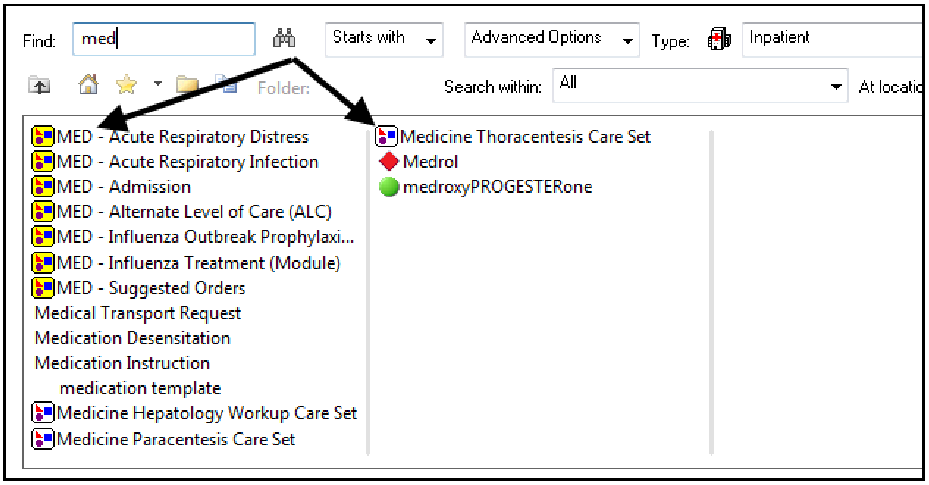
- **Pending Order** or,
- The product will be assigned to the patient and be viewable in the **Available Section** of this page.

Important	For infusion details like rate of infusion, frequency etc .the order itself will need to be reviewed and when appropriate, copied onto the Kardex and/or scratch pad day's worksheet.

CareSet and PowerPlan (Orderset)

Caresets are a set of orderables, usually lab and radiology, placed together for ordering convenience.

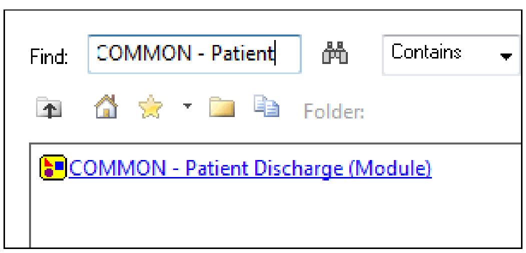
An Orderset (PowerPlan) is a more robust set or orderable including medications, patient care orderable, labs and radiology, and referrals.



Important CareSets cannot be saved in a PowerPlan nor can other PowerPlan modules be save into a PowerPlan as a favorite.

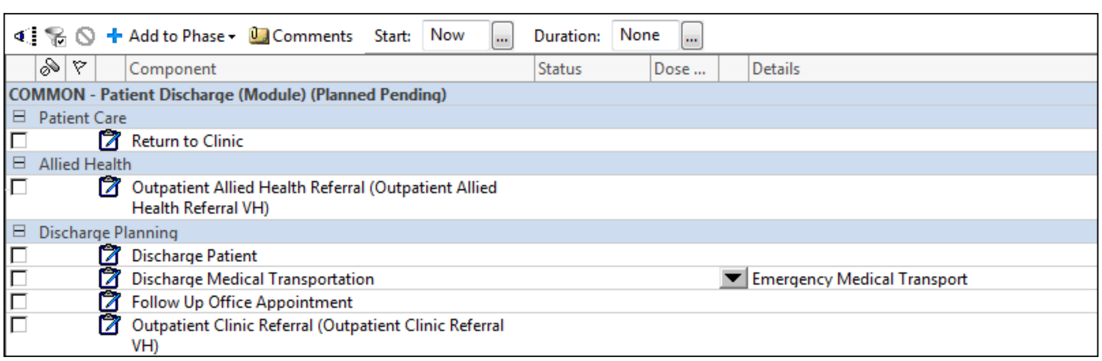
Discharge PowerPlan

1. Please use the **COMMON – Patient Discharge (Module)** and not the single Patient Discharge order when discharging your patient.



Rationale: The PowerPlan includes other discharge orderables that may be required to facilitate the patient's discharge.

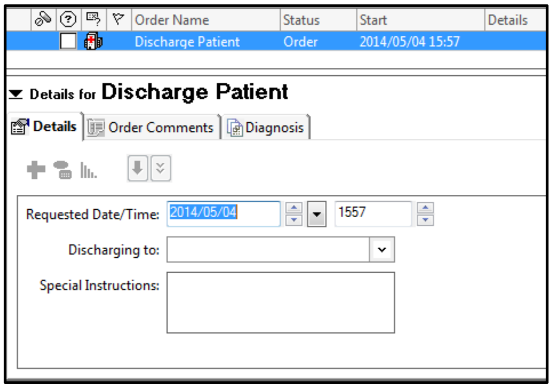
2. All the orders in the **COMMON – Patient Discharge (Module)** fire to nurse and unit clerk as tasks to complete.



Initiating Discharge PowerPlans

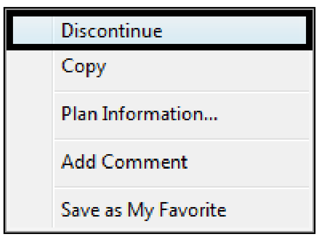
1. To clearly communicate pending discharges please remember to **Initiate** and **Sign** all Discharge Power Plans.

2. If the discharge is for a future date then the **Requested Date/Time** can be changed to reflect the desired discharge date, as shown below:

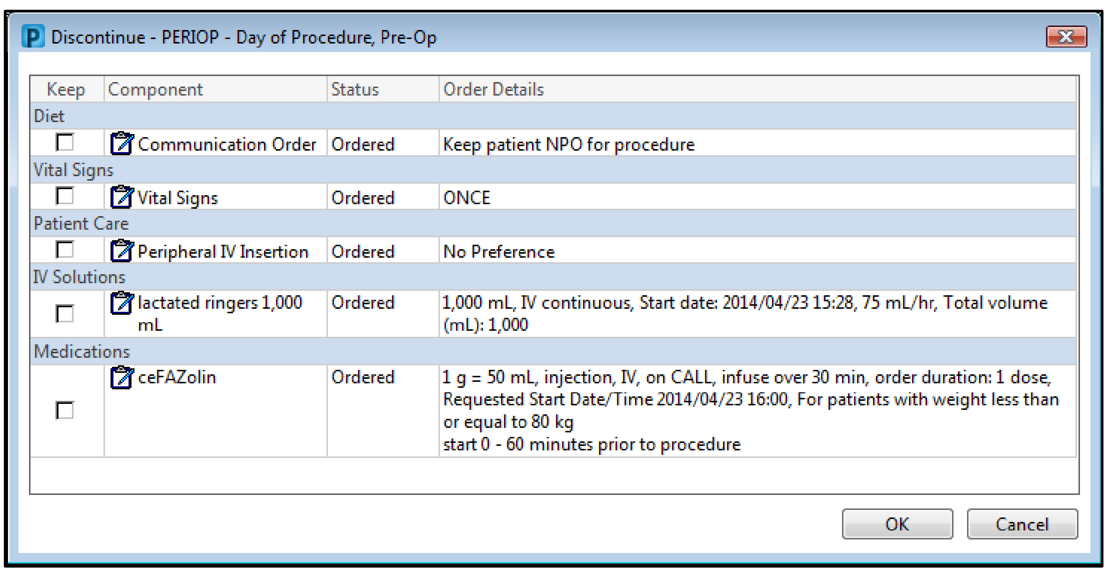


Discontinue PowerPlans

1. When discontinuing PowerPlans, right-click on the desired plan and select **Discontinue.**



2. The **Discontinue** dialog box opens identifying the order to be discontinued.
3. Check the boxes beside the order you want to keep or leave them all unchecked to discontinue the entire plan.



4. Click the OK button.
5. Click the Orders For Signature button.
6. Click the Sign button and refresh (Minutes ago).

Discontinue a PowerPlan When You Need to Cancel a Phase of a PowerPlan

To ensure all orders on a phase are cancelled, it is best to discontinue the complete PowerPlan and then re-enter it. For example, the LAB - Group and Screen PowerPlan.

Discontinue Completed Blood Transfusion PowerPlans

Issue

Too many orders appear active on the chart. For example, all blood products in a Power Plan have been infused, but supporting orders (multiple vital signs) are still ordered on the chart.

Reason

Nurses not realizing they may discontinue Power Plans when all components have been completed.

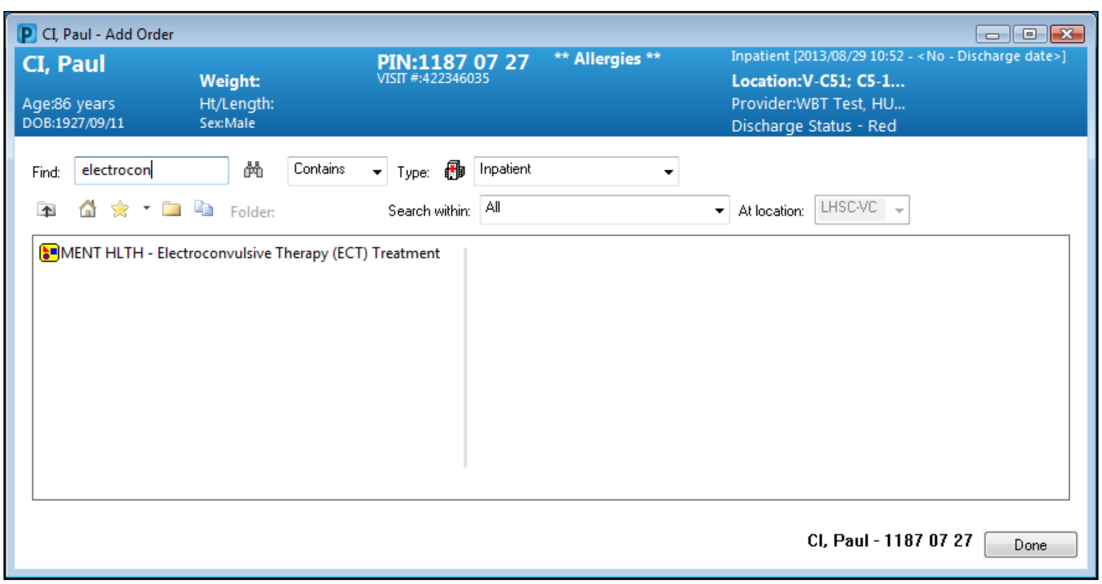
Solution

When all components of the Power Plan are complete, including post-transfusion bloodwork:

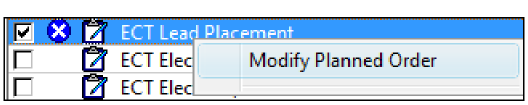
1. Right-click on Power Plan in the **View** pane and select **Discontinue**.
2. In the **Ordering Physician** dialog box, enter the MRP name and choose **Non Provider** as the **Communication type**.

ECT PowerPlan

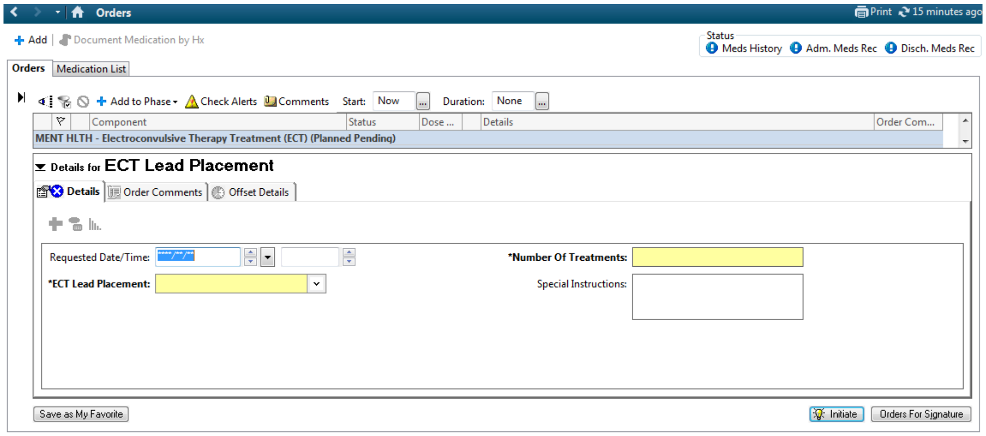
1. Under the **Orders** section of the table of contents menu, select **Add**.
2. Search for the **MENT HLTH - Electroconvulsive Therapy (ECT) Treatment** PowerPlan.
3. Click the PowerPlan and then click the  button.



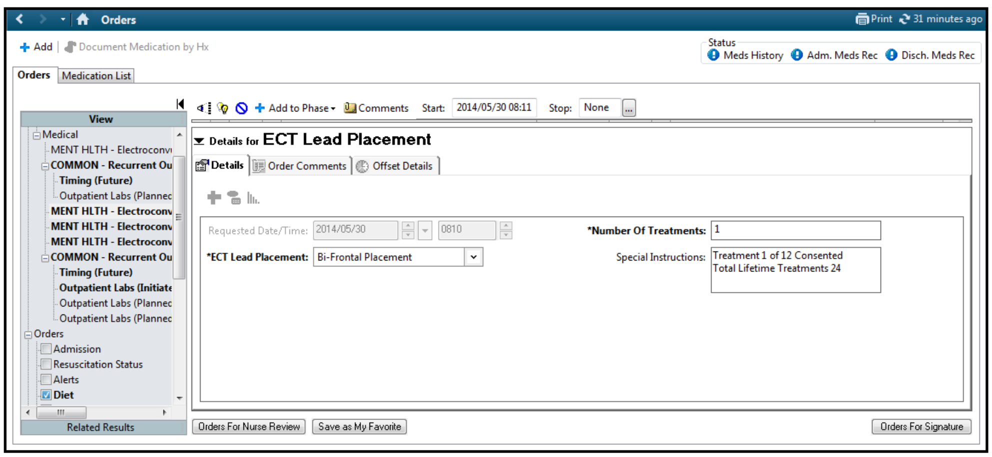
4. Right click on ECT Lead Placement and select **Modify Planned Order**.



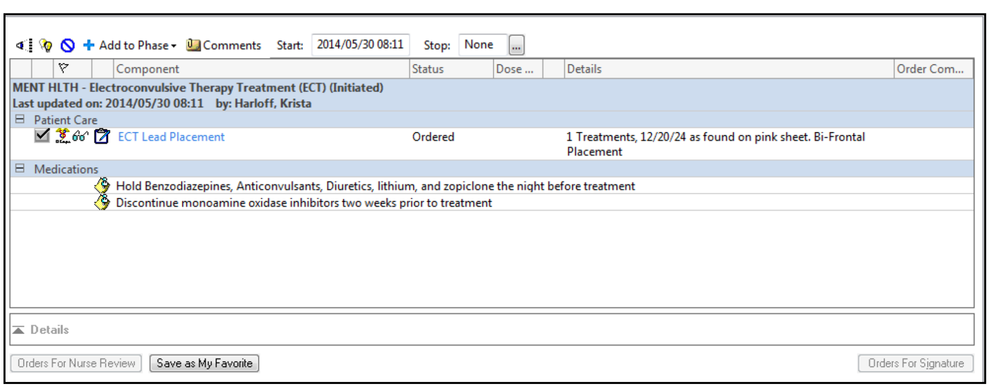
5. Complete the **Requested Start Date/Time**, **Number of Treatments** and **ECT Lead Placement** fields.



6. In the **Special Instructions** field, enter the Treatment Number, the number Consented Treatments and the number of Total Lifetime of treatments.

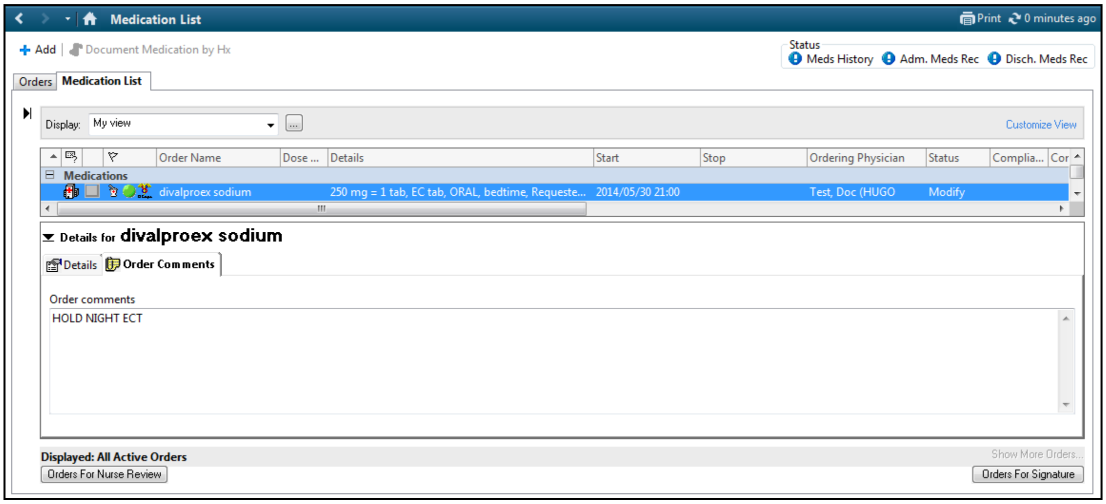


7. Click the Initiate button.
8. Click the Orders For Signature button.
9. Click the Sign button to initiate the orders and refresh the screen.
10. Review patient medications.



11. Right click on medications that you want to put on hold due to ECT and select **Modify**.

12. Under the **Order Comments** tab of the medication, type instructions for holding that medication due to **ECT** in all **UPPER CASE LETTERS**.



13. Once you have added the comment to all medications that you want on hold, click the Orders For Signature button.

14. Click the Sign button and refresh your screen.

Important: Add these comments to any medications that are order after initiating the Power Plan as well.

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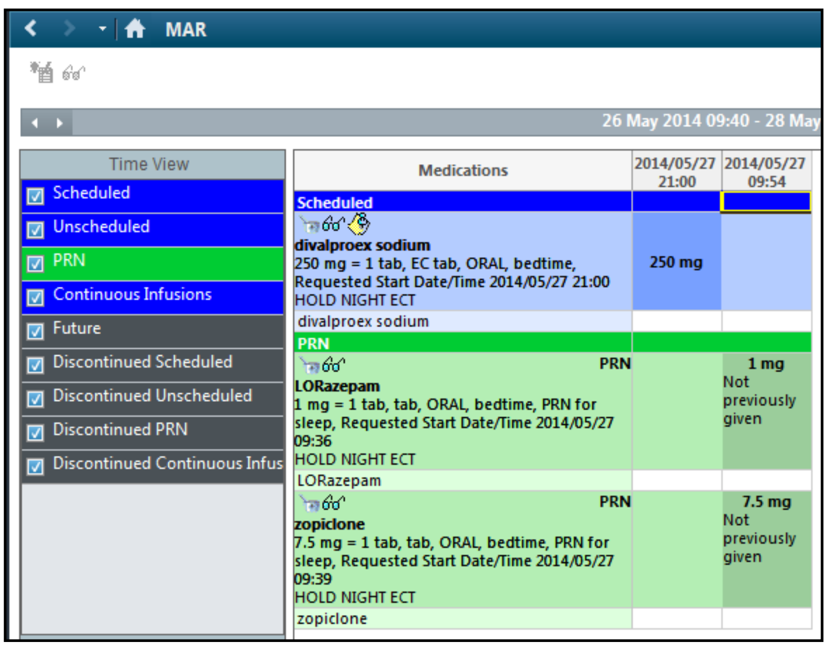
15. Nursing will now see your order comments on the MAR.



Favorites – Check Your Favorites

As you have become more familiar with the process of ordering this might be a good time to revisit any favorites that were saved early on to ensure that the order details have been completed correctly.

When accessing shared favorites, you need to review the order details before saving to ensure that they are ordered correctly.

The following PowerPlans are available:

1. LAB - Group and Screen STAT (UH)
2. LAB - Group and Screen STAT (VH)

Please take the necessary steps to ensure providers are aware of these new PowerPlans.

Favorites – Do Not Save a Modified Continuous IV within a PowerPlan as a Favorite

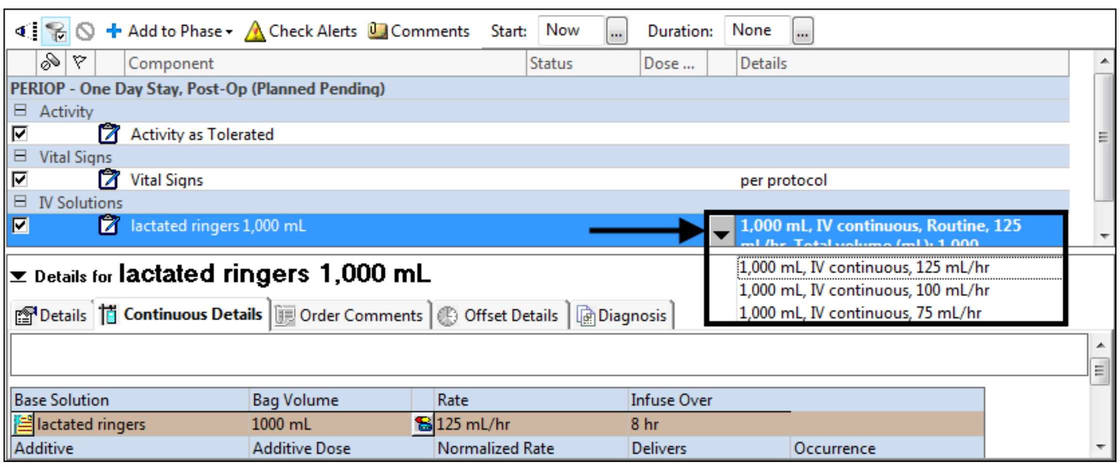
If you modify continuous IV solutions, the modifications do not carry across when you have modified them and save as a favorite.

The issue arises when you try to use this saved favorite (with the modified continuous IV infusion) on an ambulatory encounter.

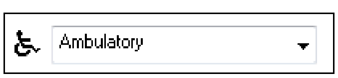
Here is the problem

1. You modify the continuous IV solution in a PowerPlan and then click the 

button.

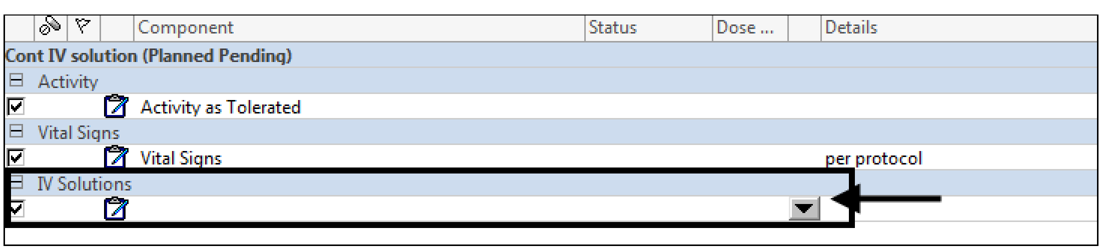


2. You open a patient's chart on an ambulatory encounter (this does not occur on inpatient encounters).



3. You open the **Orders** page and find your favorite.

4. When you go to sign the order you will notice the line with the continuous is blank.



Important: If you modify a continuous IV solution within a PowerPlan – do not save as a favorite – modifications will NOT carry across.

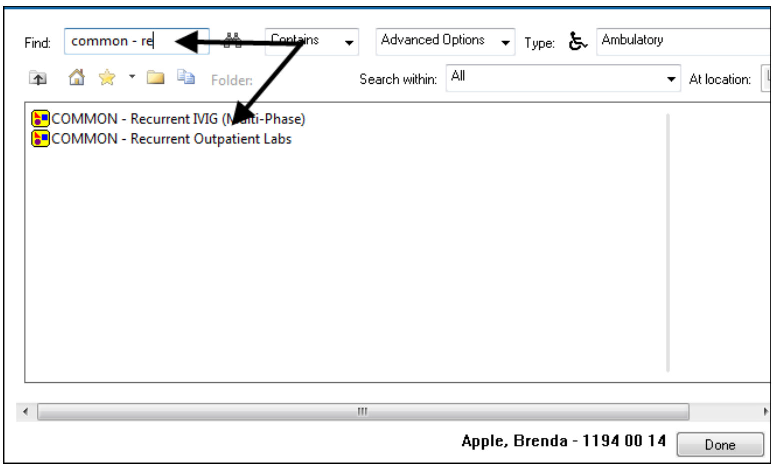
Favorites - Save PowerPlans as Favorites

1. It is not recommended that providers save prebuilt PowerPlans at this time as they are subject to changing in the early days of the conversion.
2. However, if you do alter and save a PowerPlan you must be mindful when you reorder it that you are on the correct encounter type.

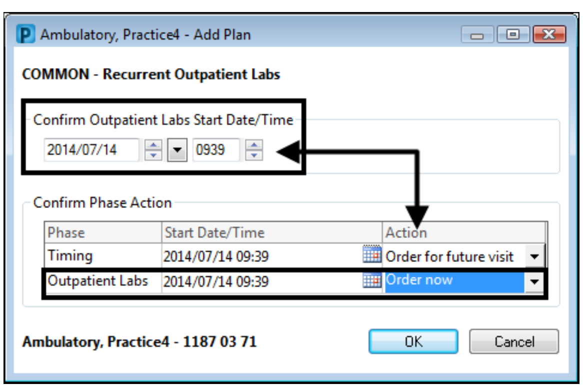
Example:	When altering the continuous infusion rate on a PowerPlan it will not sign correctly if ordered on an ambulatory encounter (see tip above).

Multi-Phase Outpatient Labs PowerPlans

1. In the **Find** field, type **`common – re`**.
2. Click to choose the **COMMON – Recurrent Outpatient Labs** PowerPlan.



3. The **Add Plan** window opens.
4. Change **Confirm Outpatient Labs Start Date/Time date** to the date you would like to begin the labs.
5. In the **Confirm Phase Action** section, click the drop-arrow in the **Action** column and change the **Outpatient Labs** to **Order Now**.



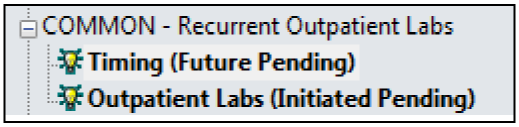
Important	<u>Do not modify</u> the **Action** field of the **Timing** phase. This is required to ensure the plan will be available on the next visit.

6. Click the OK button to close the **Add Plan** window.
7. Click the Done button to close the **Add Order** window.

Reviewing the Plan

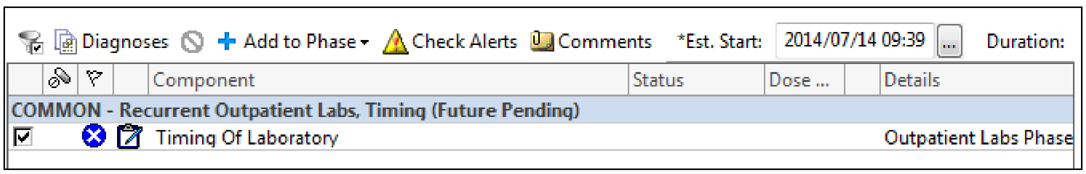
The **Common – Recurrent Outpatient Labs** plan has two phases within it. The phases are: **Timing (Future Pending)** and **Outpatient Labs (Initiated Pending)**.

The phases of the plan can be found in the **View** section of the **Orders** page.

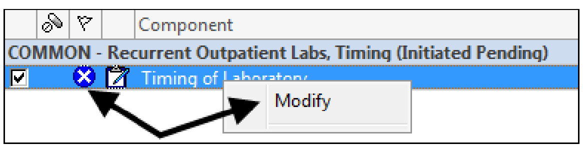


Completing Orders within the Phases

1. The PowerPlan will open with the first phase of the plan – **Timing (Future Pending)**.
2. Check **Timing of Laboratory**.



3. The indicates that order details are incomplete.
4. Right-click on the order and click **Modify**.

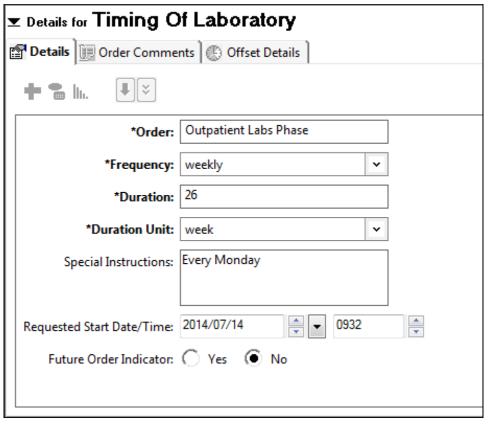


5. Complete order details as described below.

Timing Phase

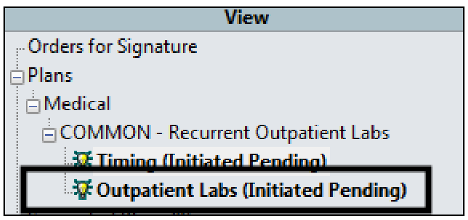
If the PowerPlan will be used across multiple encounters it will have a section that provides direction on the frequency and total duration of the labs. The **Timing** phase provides these instructions to the unit for the duration of the testing of labs.

1. Select the appropriate timing details for the **Frequency** and **Duration** of the order.
2. Type any additional details in the **Special Instructions** field.
3. The example below shows the patient needing blood work weekly for a total of 26 weeks on Mondays.

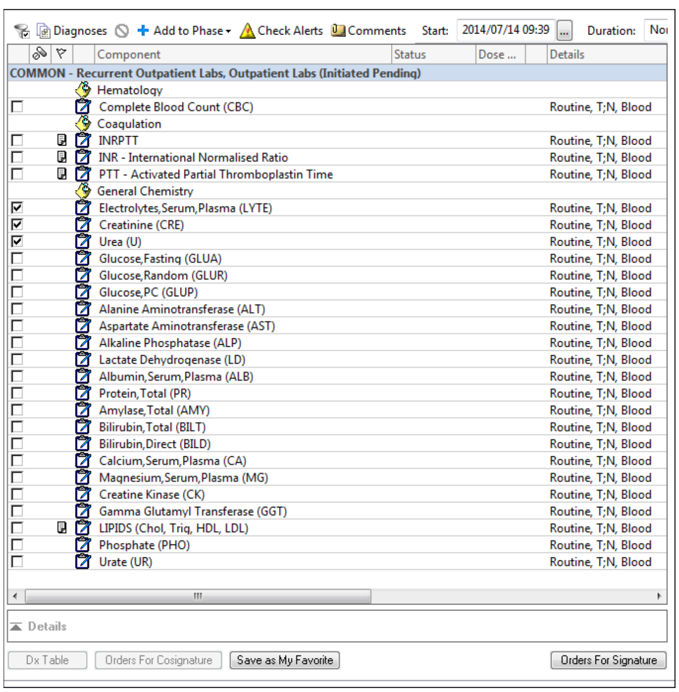


Outpatient Lab Phase

1. In **View** section, click the next phase of the PowerPlan **Outpatient Labs (Initiated Pending)**.



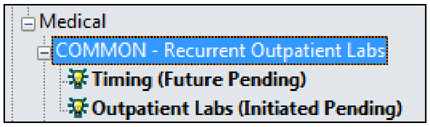
2. Check the appropriate orders.



3. Complete any incomplete order details, as required.

Review Your Orders

1. In **View** section, click **Common – Recurrent Outpatient** to review all orders for the plan at once.

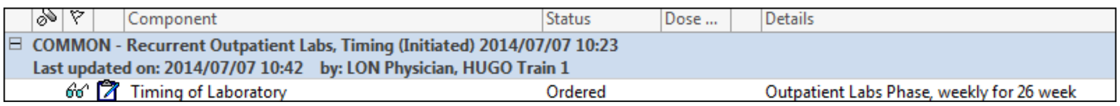


Important The **Timing** phase will stay in a **Future Pending** state for the duration of treatment.

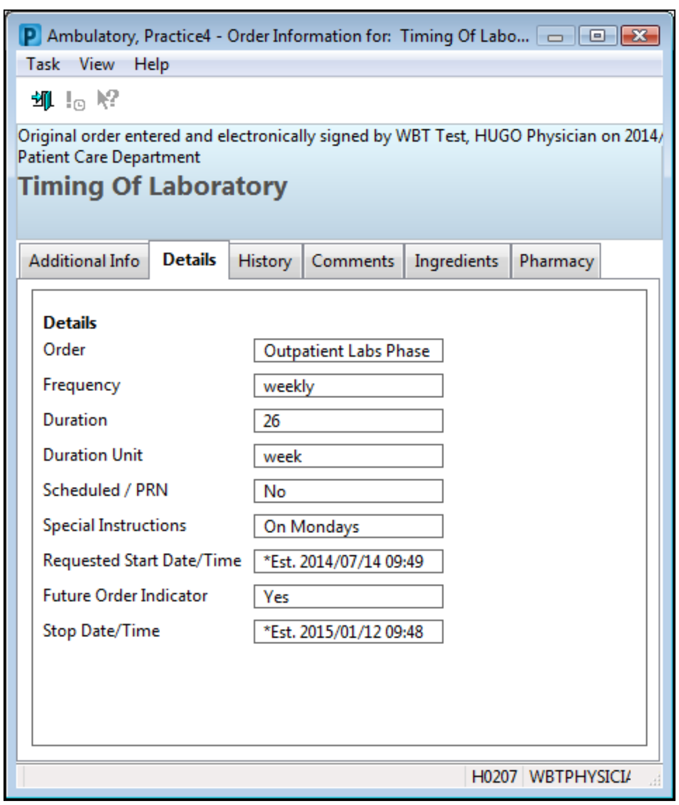
2. Once all orders are complete click the Orders For Signature button.
3. Click the Sign button and refresh your screen.
4. Orders are now dispatched.

Initiating Recurring Plans

1. First confirm that the lab testing is required based on the **Timing of Laboratory** instructions.



2. Right-click the **Timing of laboratory** order and select **Order Information.**
3. The **Details** tab displays the frequency of the labs and includes the stop date for the recurring testing.



Do not click the Activate button of the **Timing** phase. This phase must remain in a **Future** status to be viewable on the patient's return visit.

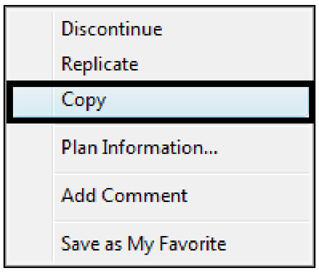
First Laboratory

If this is the first lab, initiate the **Outpatient Labs** phase of the PowerPlan as per previous instructions.

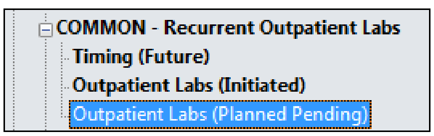
Subsequent Labs

For subsequent labs, the desired phase will need to be copied prior to being initiated.

1. Find the appropriate plan in the **View** section of the Orders page.
2. Right-click the **Outpatient Labs** phase that is required and click **Copy** from the shortcut menu.



3. A second phase in a **Planned Pending** status is now available.



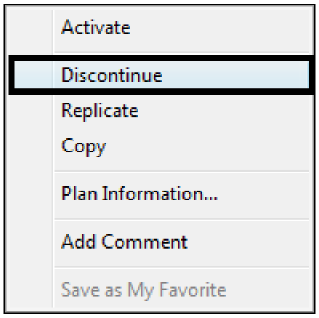
4. All orders in the copied **Planned Pending** phase are an exact copy of the patient's earlier lab tests. Including all instructions.
5. Click the Initiate button as per previous instructions followed by the Orders For Signature button to review all the orders.
6. Once reviewed, click the Sign button.
7. The desired phase is now ordered and the Lab labels will print.

Completing Recurring Multiphase PowerPlans

Once the last set of labs has been done on the stop date of the timing order the plan may be completed.

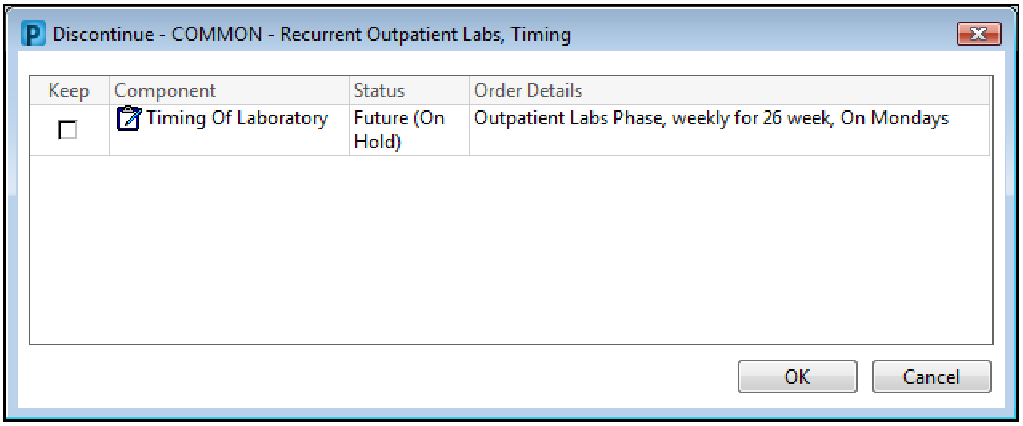
It is important to discontinue the **Timing** phase when the plan is completed to ensure that the recurrent PowerPlan does not continue past the intended duration of treatment.

1. To discontinue the plan, right-click on the **Timing** phase and select **Discontinue** from the shortcut menu.

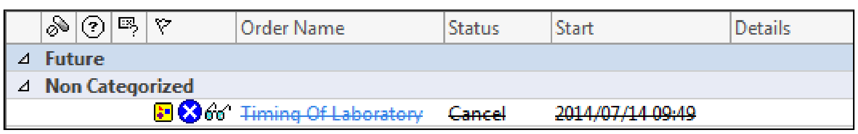


2. A **Discontinue** dialog box opens and displays the timing orders being discontinued.

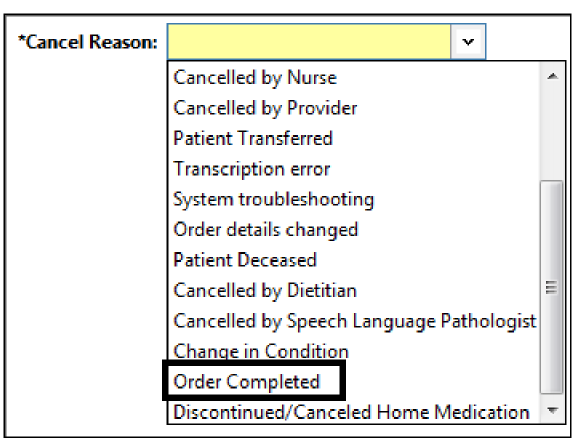
<u>Do not</u> check the box preceding the order (in the **Keep** column) as orders selected will not be discontinued.



3. Click the OK button.
4. Click the Orders For Signature button.
5. The indicates that order details are incomplete.



6. Click the icon.
7. A cancel reason is required to discontinue the phase.
8. Click **Order Completed**.



9. Click the 

button and refresh the screen.
10. The PowerPlan is completed and will no longer be available on the patient's return visit.

Multi-Phase PowerPlans

To understand more about Multi-Phase PowerPlans, please see the following quick guide:

https://apps.lhsc.on.ca/regional/training/powerchart/assets/HUGO/JobAids/QUICKGUIDECPOEMultiphasePowerPlans.pdf

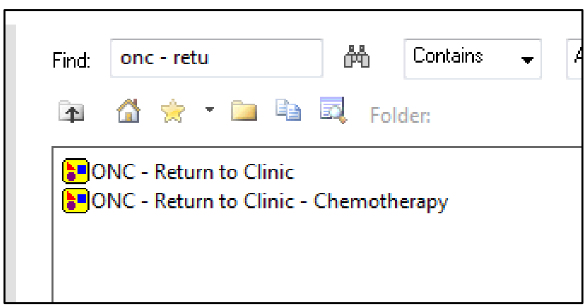
No Proposing Functionality

PowerPlans cannot be proposed.

Oncology Return to Clinic PowerPlan

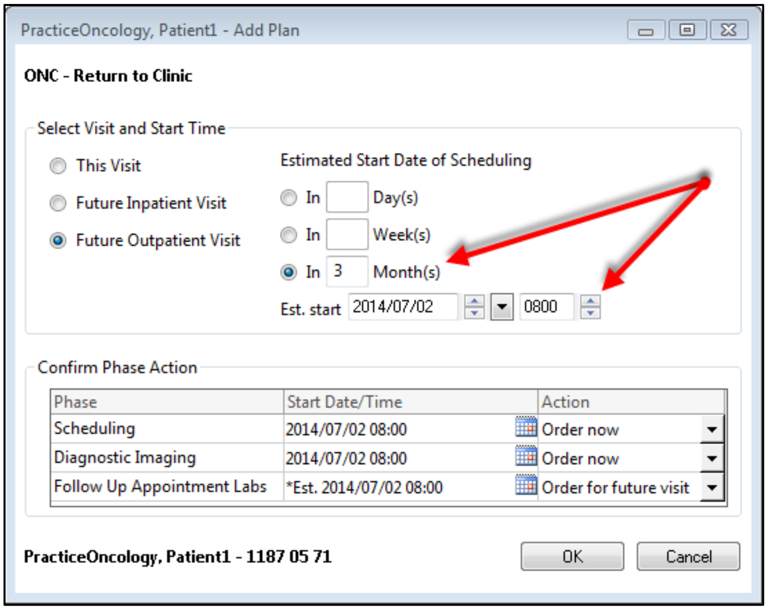
Return to Clinic Without Imaging

1. Click the **ONC – Return to Clinic** or **ONC – Return to Clinic – Chemotherapy** PowerPlan from the **Add Order** window.
2. The **ONC – Return to Clinic – Chemotherapy** PowerPlan is to be selected for any patient currently receiving Systemic or Oral chemotherapy.

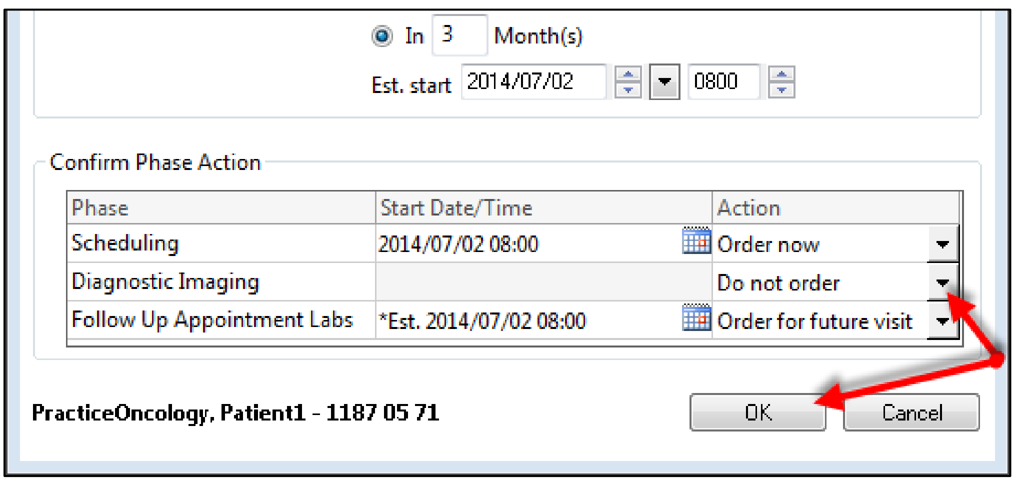


Select Return Date

1. The **Add Plan** window will open, prompting you to select the estimated date of scheduling the next appointment.
2. After selecting the appropriate number of weeks or months, the **Est. start** date will automatically populate.

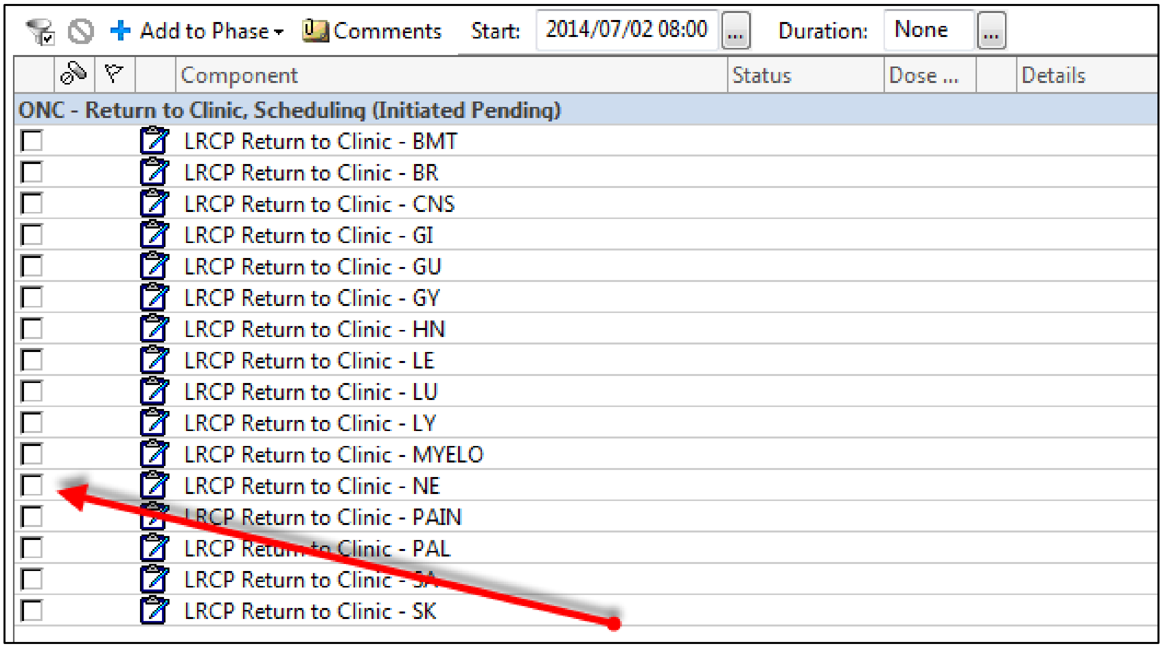


3. If Diagnostic Imaging is not required, change the **Phase Action** from **Order Now** to **Do not order** by clicking the down-arrow.
4. Click **OK**.

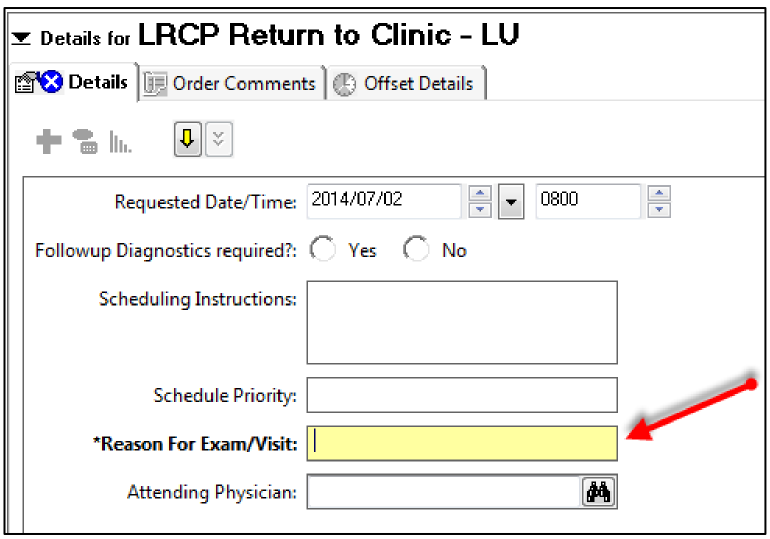


Scheduling Phase

1. The PowerPlan will open to the **Scheduling Phase**.
2. Click the appropriate return to clinic disease site.

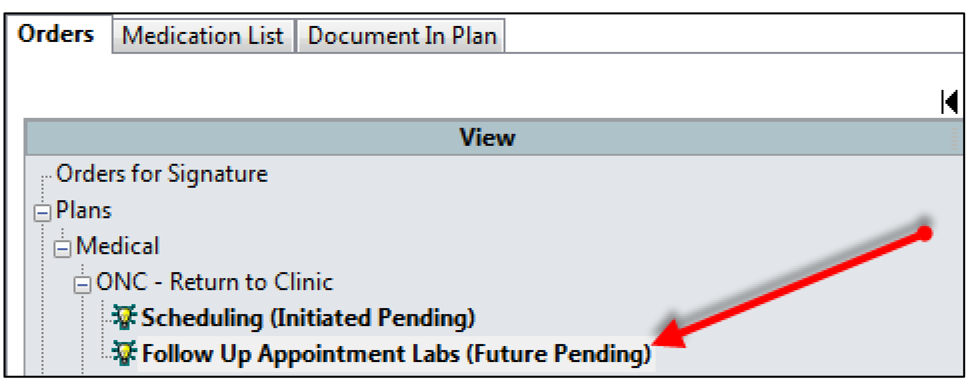


3. Type the **Reason for Exam/Visit** in the scheduling order.

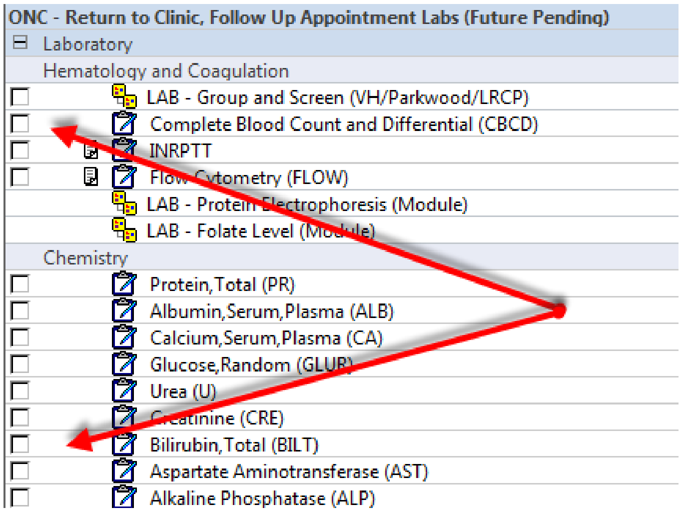


Follow Up Appointment Labs Phase

1. Click the **Follow Up Appointment Labs Phase** from the Orders **View**.



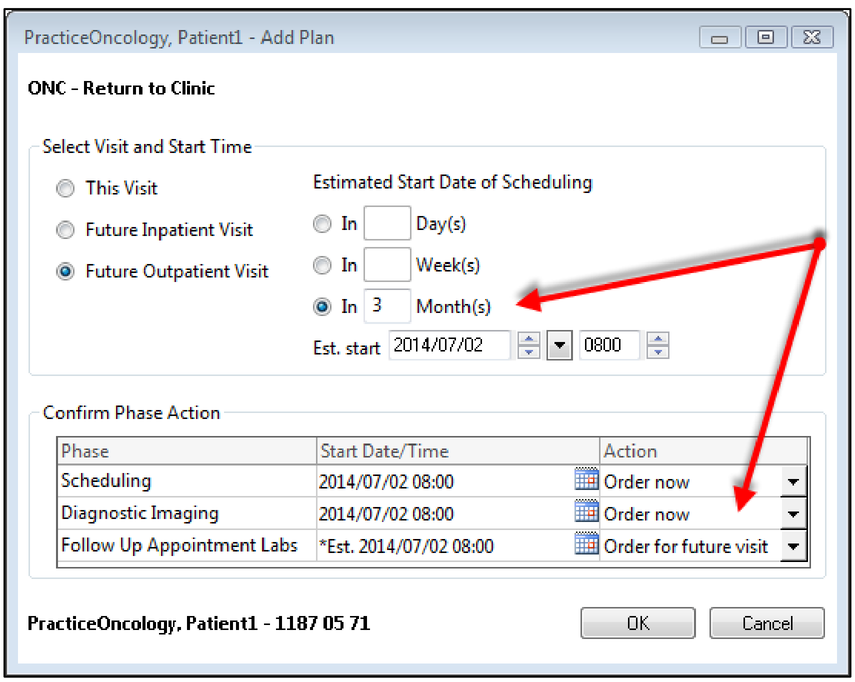
2. Click the labs you would like completed at the next follow up appointment.



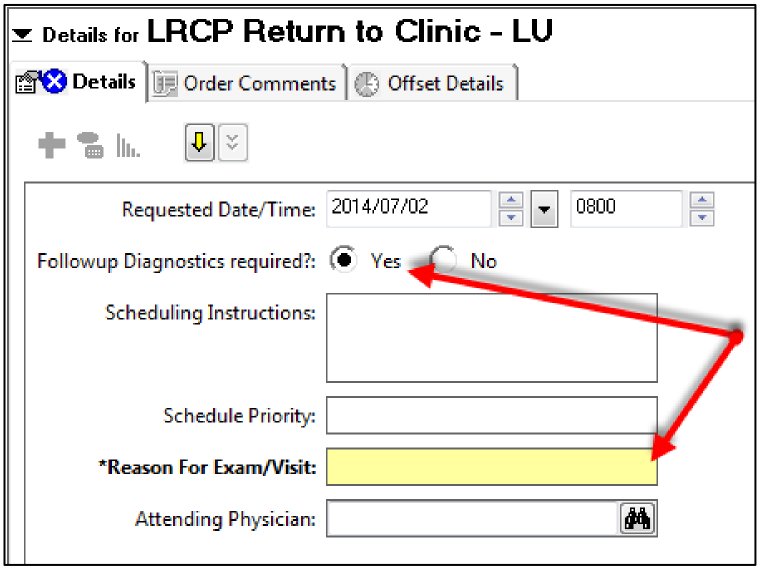
3. When complete click the Orders For Signature button to review all the selected orders.
4. If all orders are correct click the Sign button.

Return to Clinic With Diagnostic Imaging Required

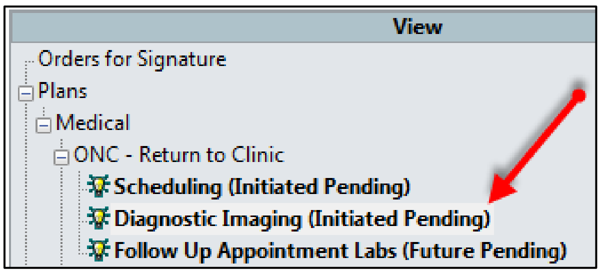
1. Click the appropriate **Return to Clinic** PowerPlan as per previous instructions.
2. Keep the **Diagnostic Imaging Phase Action** as **Order now**.



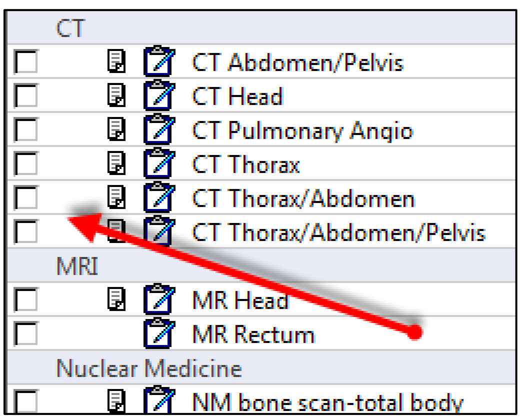
3. Select the appropriate scheduling appointment, completing the **Reason for Exam/Visit** and selecting **Yes** for **Follow up Diagnostics required?**



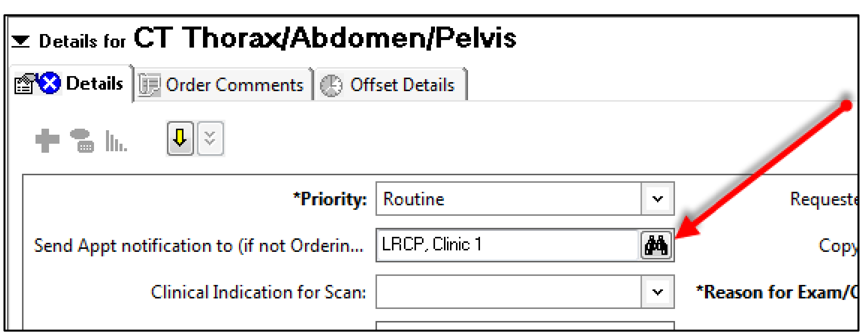
4. Click the **Diagnostic Imaging Phase** from the Orders **View**.



5. Click the appropriate diagnostic imaging and complete all the required details.



6. In the details, select the appropriate clinic for the appointment notification to be sent.



7. Complete the **Follow up Appointment Labs Phase** as per previous instructions.
8. When complete click the Orders For Signature button to review all the selected orders.
9. If all orders are correct click the Sign button.

Ortho PowerPlans not Processing Due to Missing Date for a Routine Xray T+1 for Post Op Day 1

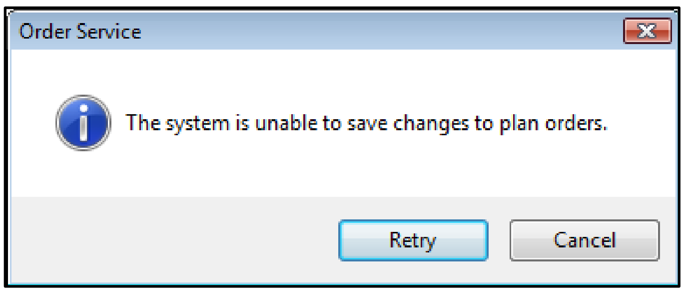
Issue

Ortho Order Sets are not processing because the **Requested Date/Time** field for a **Routine xray T+1 for Post Op Day 1** in the Order Set has been left blank**.**

Reason

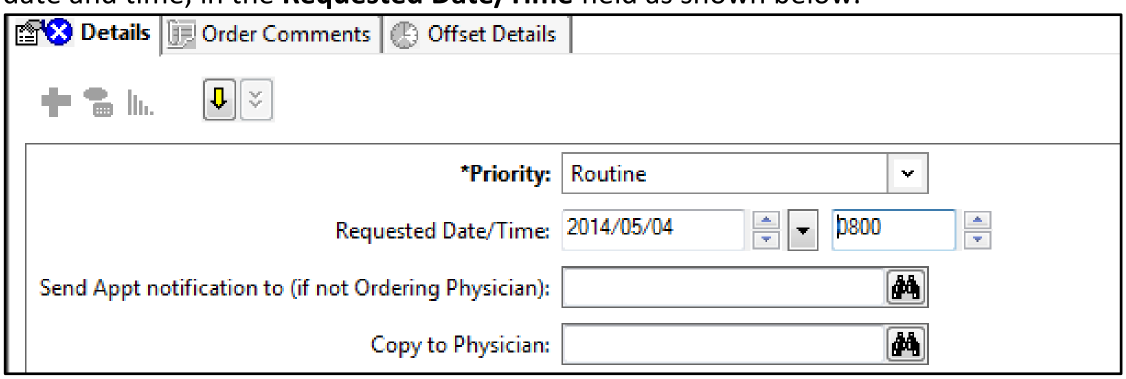
This is occurring because the **Requested Date/Time** field is not yellow-required. Users do not realize that it is a required field because it is filled white instead of yellow, and do not enter a date and time.

When users sign the Order Set without entering a date and time for "tomorrow's" date, they receive an error message similar to the one below:



Solution

When ordering **Routine xray T+1 for Post Op Day 1**, ensure you select "tomorrow's" date and time, in the **Requested Date/Time** field as shown below.



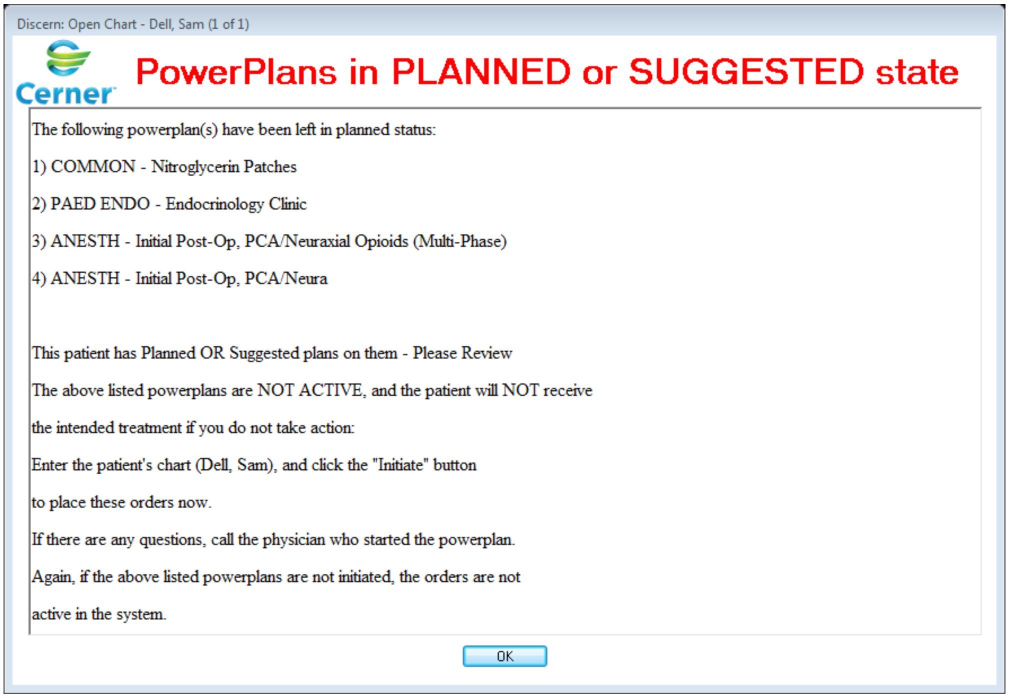
PowerPlans in Planned State

We are implementing a new rule for planned PowerPlans, including Suggested Orders PowerPlans so that a pop-up window will show up whenever Providers, RNs, RPNs or Unit Clerks open a chart.

In addition, an order will be entered that has a task associated with it that will show up for RNs, RPNs, and Unit Clerks so that they are aware the provider has entered the planned PowerPlan.

Nursing staff either need to address the planned plan or call the Attending physician or someone from their team so that they can review the Suggested Orders plan an initiate it if appropriate with any changes/deletions that they deem appropriate.

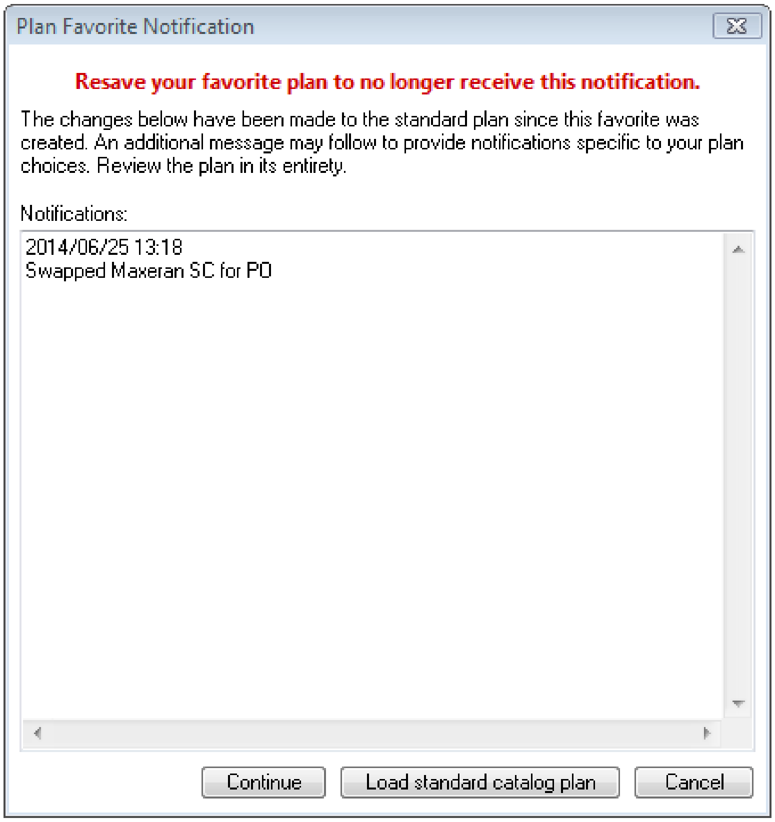
The alert will look very similar to this:



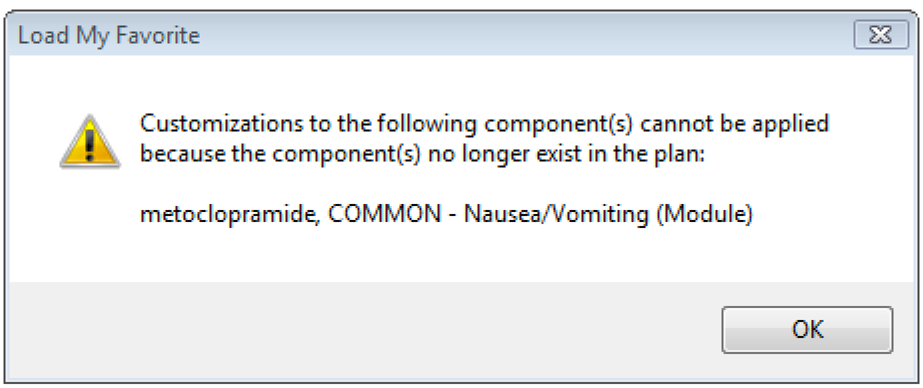
Stop Notifications

Soft Stop Notification

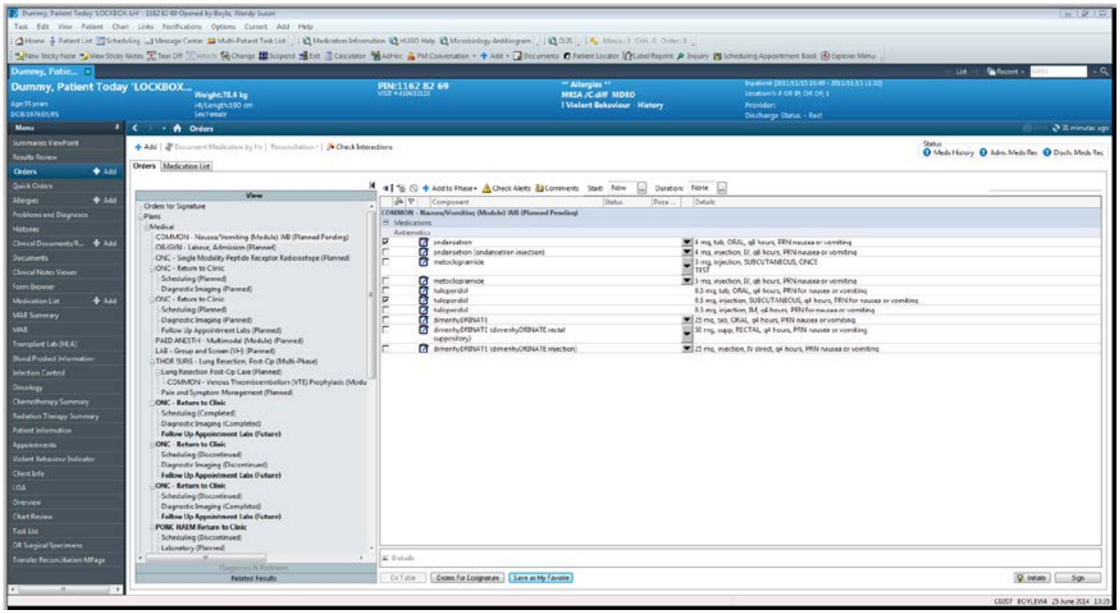
1. In this example you saved a favorite of **COMMON Nausea and Vomiting** with oral metoclopramide pre-checked and dose set as different from standard plan.
2. The PowerPlan/Orderset team made a soft stop change to metoclopramide ORAL and it is now only available (IV or) subcutaneous. Other medications also pre-checked: ondansetron and haldol.
3. The Plan Favorite Notification dialog box opens to let you know of these changes.
4. Click **Continue**.



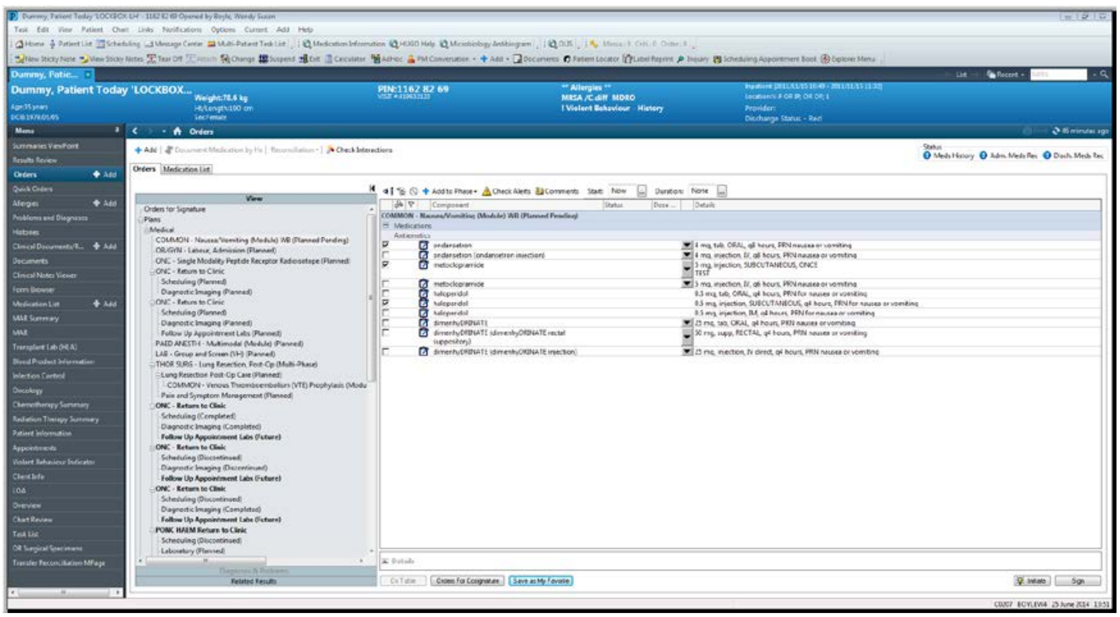
5. This second message populated by system displays.



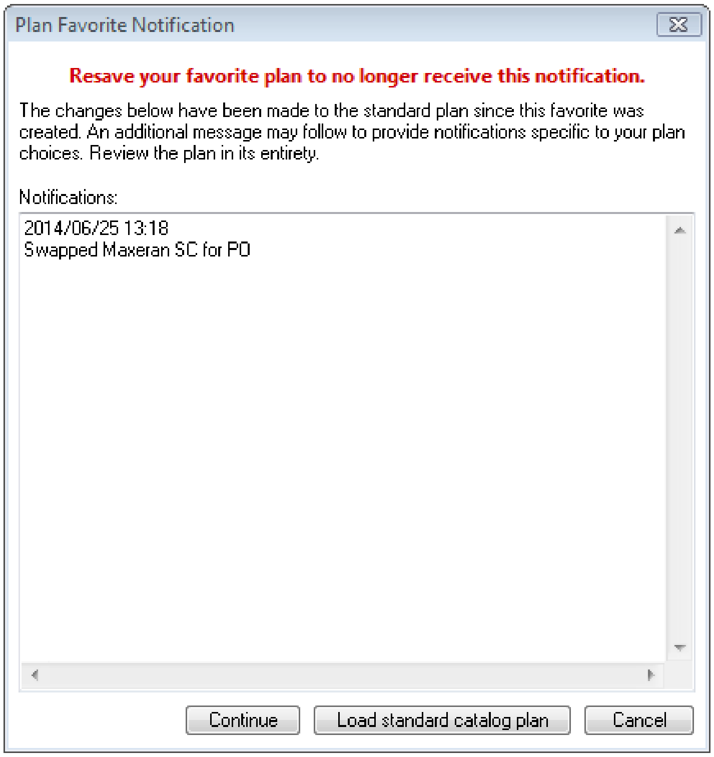
6. Click the OK button and then click the Done button.
7. Your favorite appears with the pre-checked metoclopramide ORAL unavailable and replaced with an unchecked metoclopramide subcutaneous. Now you know the metoclopramide has been changed, so will pay special attention to the ordering of maxeran.

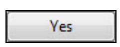


8. Next you need to save and override your favorite with the same name.



9. The **Plan Favorite Notification** dialog box will continue to appear until you have re-saved your favorite plan.

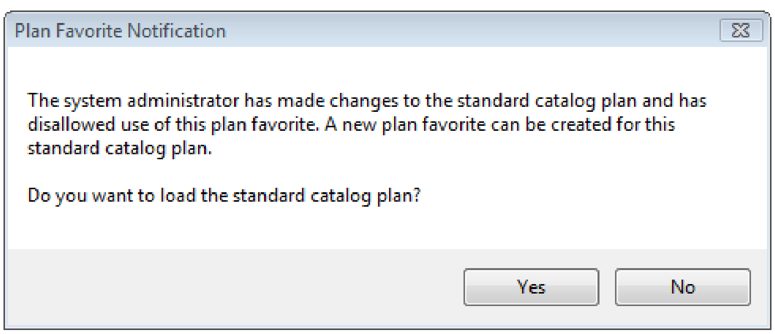


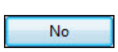
10. When re-saving your favorite plan, you will receive a dialog box that says there is already a plan that exists do you want to override.
11. Make sure you click the 

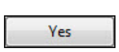
button.

Hard Stop Notification

1. The PowerPlan/Orderset team made a hard stop change to metoclopramide ORAL.



2. Click the 

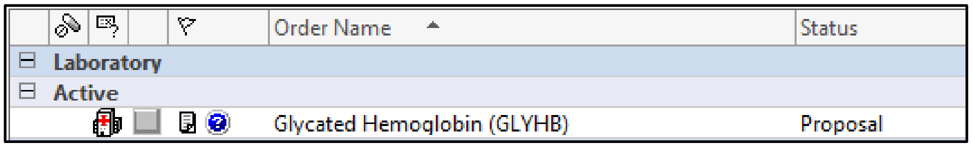
button and you will be taken out of the **Add Order** window and back to current **Orders** page.
3. Click the 

button and the PowerPlan becomes the blank standard plan again and the Favorite plan is unrecoverable.

Proposed Orders

As an alternative to Suggested Order PowerPlans, providers have been given the ability to propose orders.

Proposed orders will appear with an icon and the status of **Proposal**. Proposed orders will also show up in Message Center of the provider it is directed to.



If you see these orders, please keep a watch to ensure the MRP team addresses them. If the order is urgent please page your team to make them aware of the order(s).

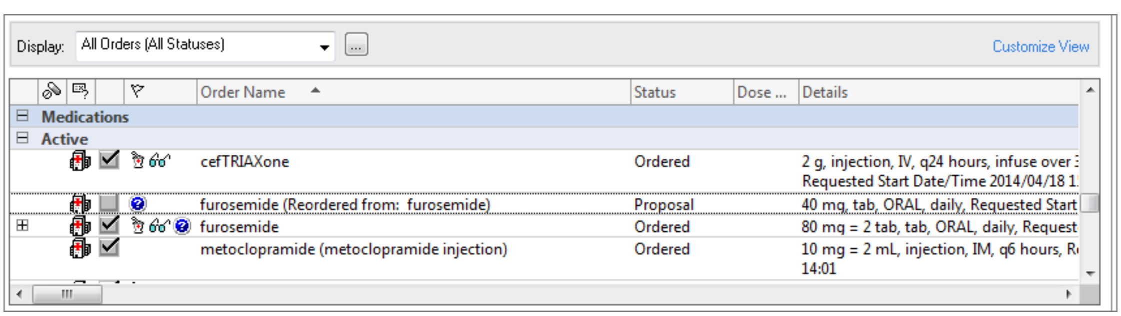
We are working on an alert that will fire when a patient has a proposed order. This alert also fires a task to nursing and unit clerks to remind them to make sure the order(s) is addressed by the MRP team.

Existing Proposed Orders Task

1. When a proposed order has occurred, the nurse will receive a notification saying that there is a proposed order that needs to be reviewed. This task will stay on the chart even after the provider has reviewed and accepted or rejected the proposed order.
2. To verify whether a proposed order has been reviewed or not, go to the **Orders** page and look for any orders that have a blue question mark icon and in a **Proposal** status.
3. If there is still a proposed order on the chart, investigate if the team has been alerted. If they have not been alerted then alert the team of the presence of the proposed order. Leave the existing proposed order task in a pending state.
4. If there is no proposed order to be found on the **Orders** page then the proposed order has already been reviewed and addressed. Complete the existing proposed orders task so that it may fire again when new proposed orders are placed.

From a Consultant

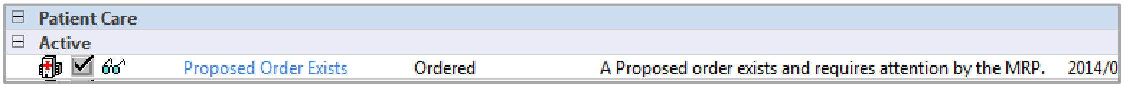
Proposed orders from a consultant will now show in a **Proposal** status on the **Orders** page.



The first time a nurse or unit clerk open the patient's electronic chart after a proposed order is entered, the system will place an order called **Proposed Orders Exist**. This order will fire a task that is viewable for nurses and unit clerks.

Order Placed by System

This order will change to complete when the task is completed but will fire again if the proposed order is still in place



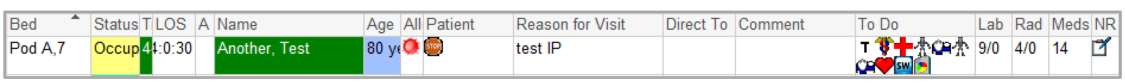
Tasks Firing to Nursing and Unit Clerk Task List

This task is meant to alert nurses and unit clerks to notify the admitting team of the proposed order.

It is recommended that the task is marked as complete after the provider accepts/rejects the proposed order

Proposed Order Alerts in FirstNet

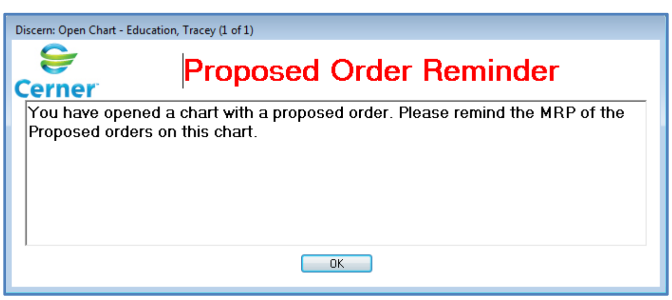
When a proposed order is placed on a patient's chart in FirstNet the **Proposed Orders Exist** order will be placed by the system and a **Proposed Orders** icon will appear in the **To Do** section on the tracking board



Nursing will be responsible for completing the icon after the proposed order is accepted/rejected. This will complete the **Proposed Order Exists** order.

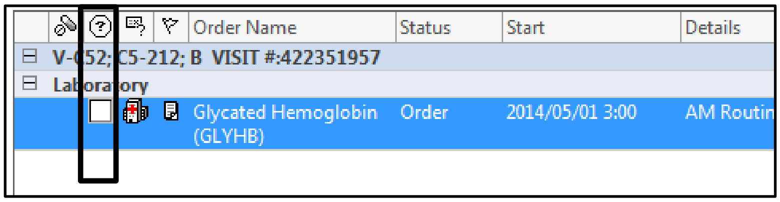
Proposed Order Reminder

1. When opening a chart that has a proposed order the following alert will fire.
2. Click the OK button to clear the alert – it doesn't accept the proposed order.



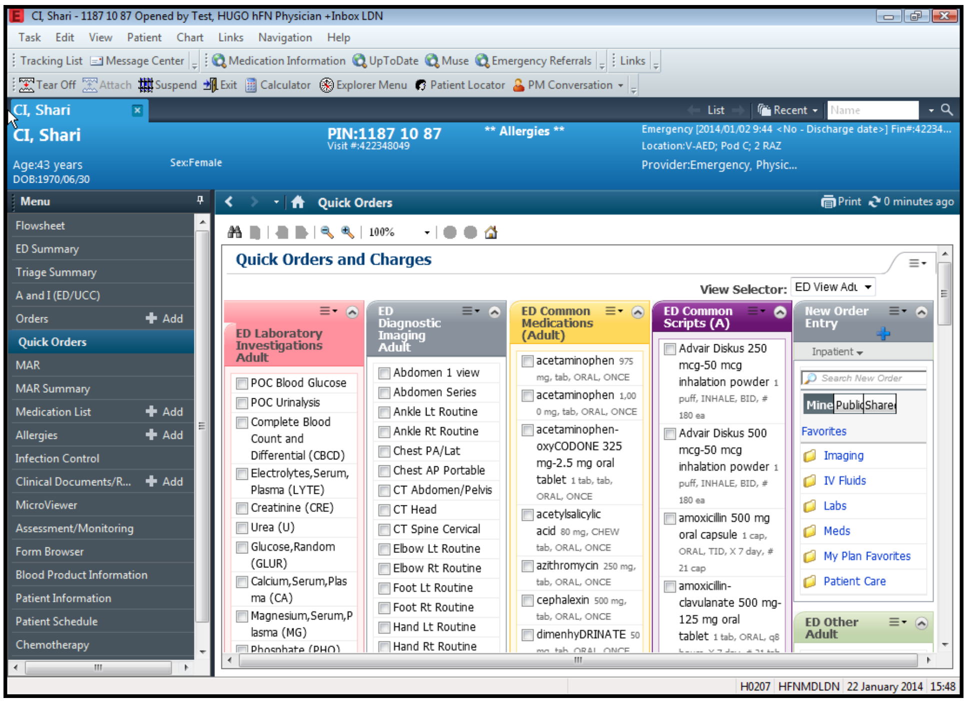
If you are not part of the MRP team and this proposed order is not within your decision-making scope to accept or reject, disregard this alert.

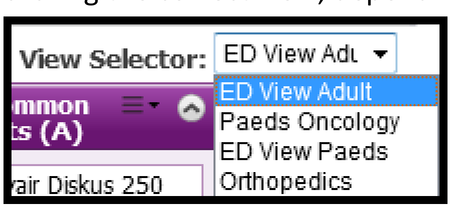
Quick Check Box for Proposed Ordering



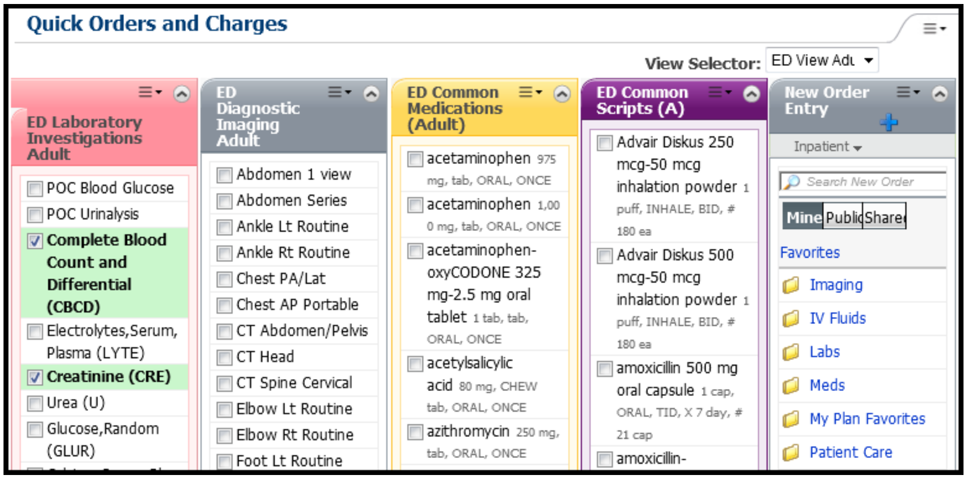
Quick Orders Page

The **Quick Orders** page is specifically designed for the emergency department, enabling providers to quickly place orders with a single click.

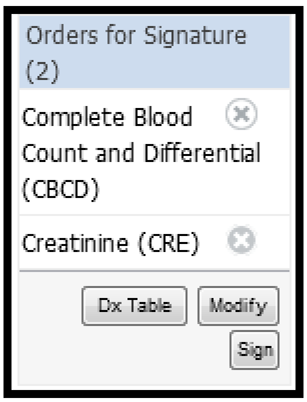


1. Click the **Quick Orders** component of the table of contents menu.
2. Define your view the first time by clicking the **down-arrow** beside **View Selector** and clicking the correct view, depending on patient type.
3. 

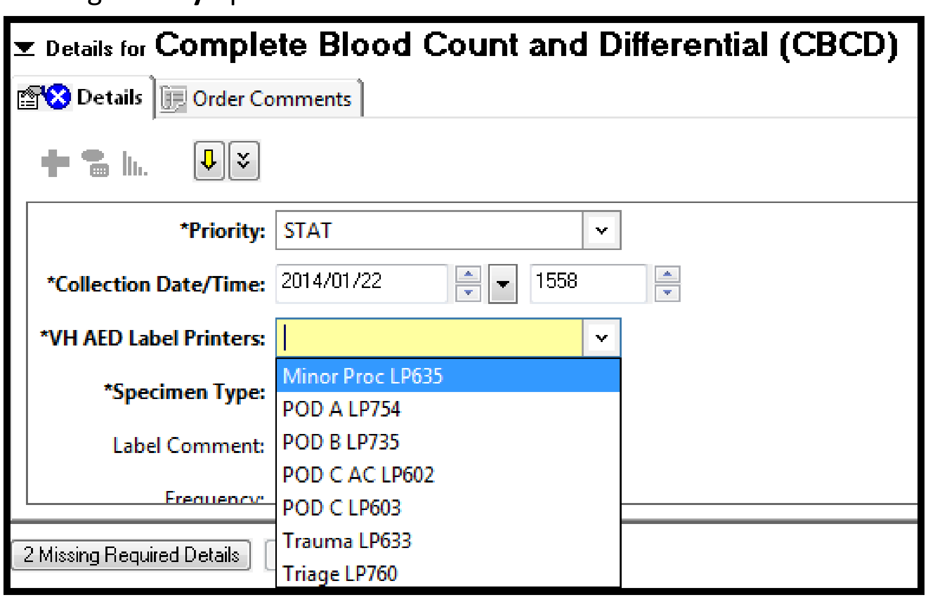
4. Click to place a checkmark in front of the desired orders in any of the available components, e.g., ED Laboratory Investigations Adult.



5. The selected orders will appear in the **New Order Entry** component, under **Orders for Signature**.

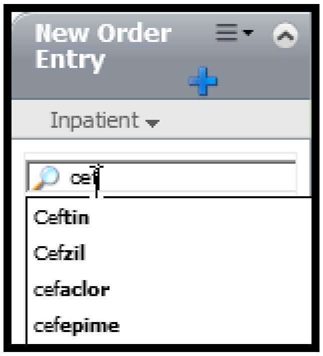


6. Once orders have been added to **Orders for Signature**, you may choose to modify them, if needed, remove them or sign them.
7. Clicking **Modify** opens the **Order Details** screen.



8. Click **Sign** to complete the order entry process.

9. Please note that if something that you would like to order is not on this Quick Orders page, you can simply search for the item in the **New Order Entry** component without leaving the page.

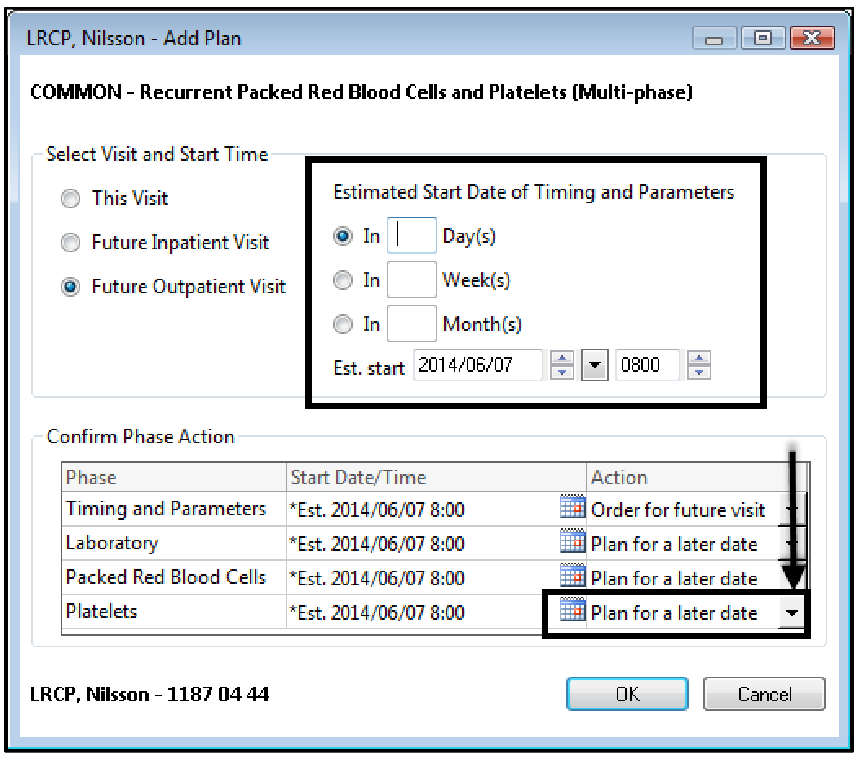


Ordering Recurrent Transfusions in Outpatient Settings

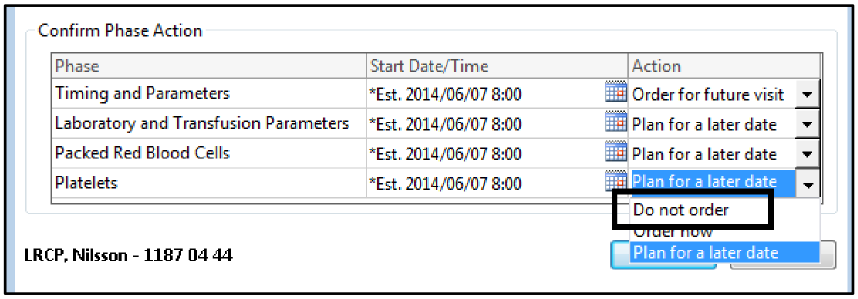
This is to assist in ordering the COMMON – Recurrent Packed Red Blood Cells and Platelets (Multi-Phase) PowerPlan.

Adding the Plan

1. In the **Add Order** window search and select the **COMMON – Recurrent Packed Red Blood Cells and Platelets (Multi-phase)** PowerPlan.
2. The **Add Plan** window will display.
3. Enter in the estimated date you would like the recurrent transfusion to begin.



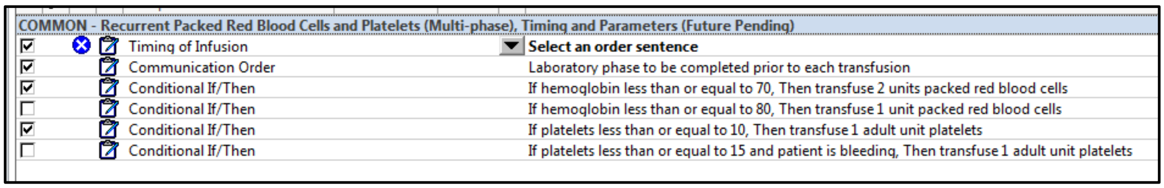
4. If a phase is not required (e.g. patient does not require platelet transfusions) then change the **Plan for a later date** to **Do not Order** from the drop-arrow.



5. Click the OK button and click the Done button.

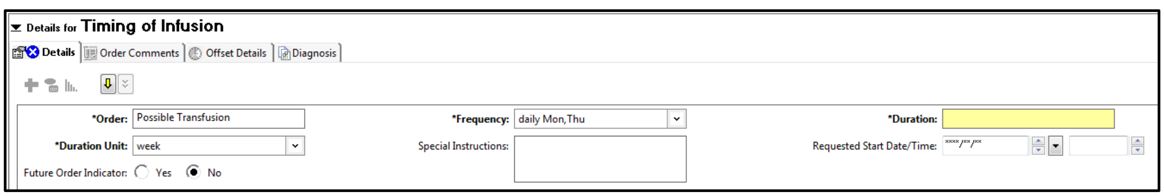
Timing and Parameters Phase

The **Timing and Parameters** phase contains all the instructions that Nurses and Laboratory Technicians require to complete this plan appropriately. All instructions should be contained within this phase.

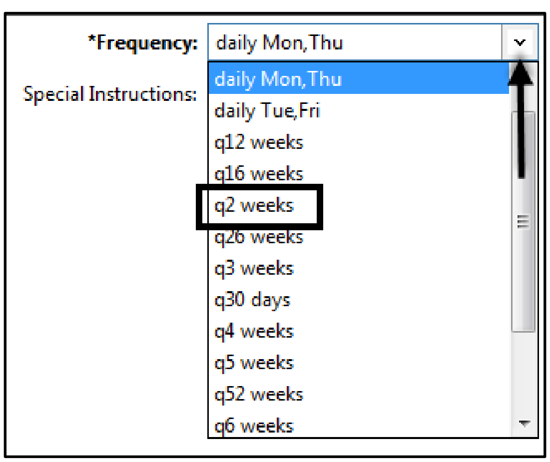


Timing of Infusion Order

The **Timing of Infusion** order contains three default sentences from the drop-down menu for Mon,Thurs, Tues,Fri or weekly transfusions. Select the appropriate sentence and enter in the desired number of weeks for possible transfusions in the **Duration** field.



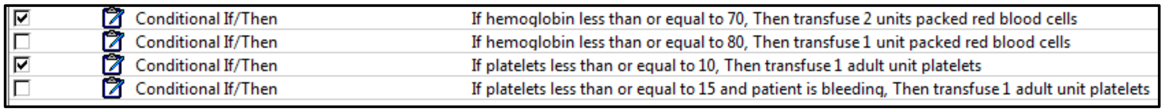
If the required frequency is not available as one of the defaults, select the drop-arrow to find the desired frequency.



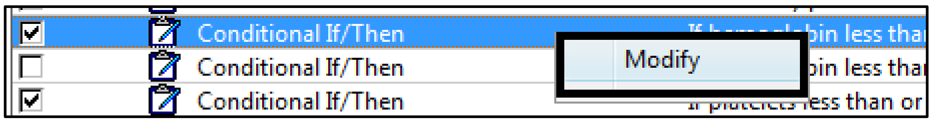
The **Laboratory** orders will also be completed on this same schedule based on the **Communication** order.

Conditional If/Then Orders

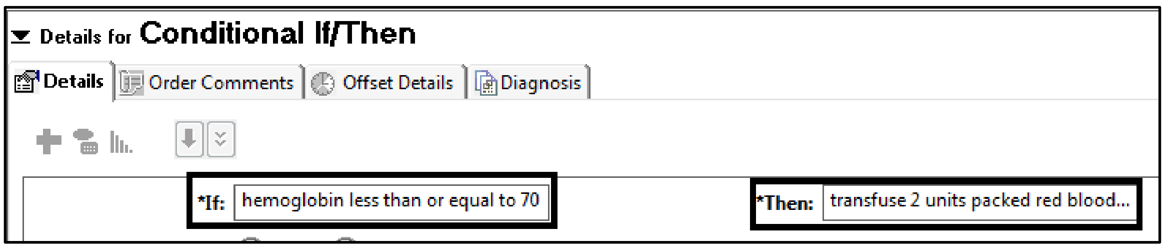
The most common transfusion parameters have been included in the **Conditional If/Then** orders. Select the appropriate transfusion parameter for your patient.



If the required parameter is not available right-click on **Conditional If/Then** order and select **Modify**.



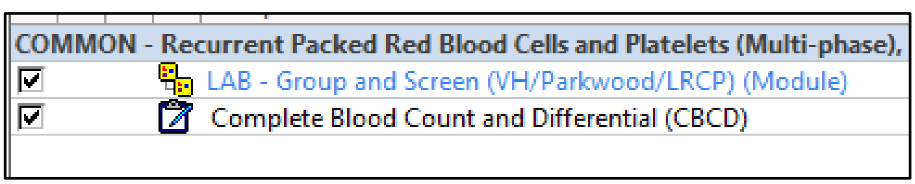
The parameters in the **If/Then** fields can be changed to meet the patients required transfusion parameters.



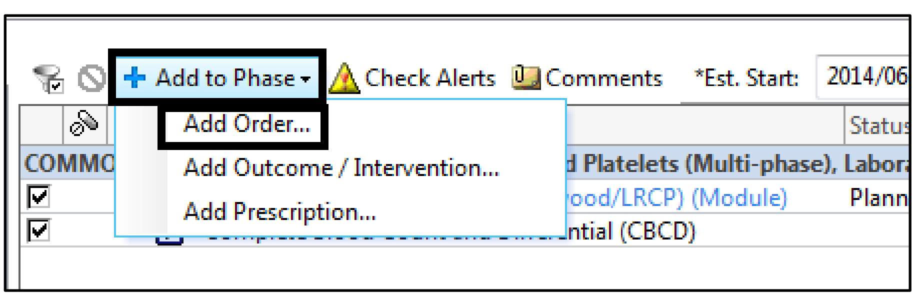
Important: All parameter instructions for Nursing or Laboratory staff are to be communicated through the **Timing and Parameters** phase. Please do not enter Nursing transfusion parameters in other phases of the plan.

Laboratory Phase

The laboratory phase contains a **Group and Screen** and **Complete Blood Count and Differential** to be completed prior to each transfusion.

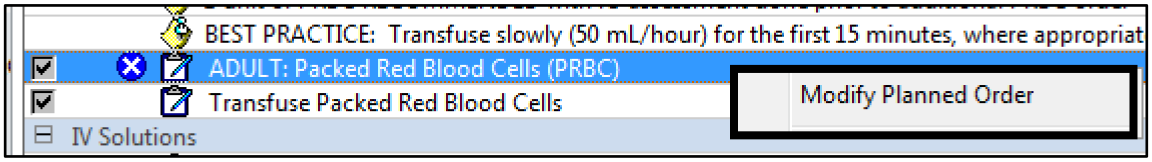


If additional blood work is required select **Add to Phase** and **Add Order** to search for required blood work.

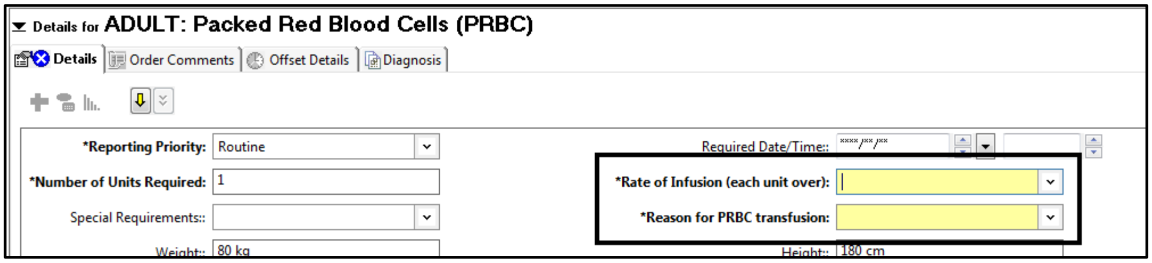


Packed Red Blood Cells and Platelets Phases

Right-click on the **ADULT: Packed Red Blood Cells (PRBC)** or **ADULT: Platelets (PLT)** order and select **Modify Planned Order**.

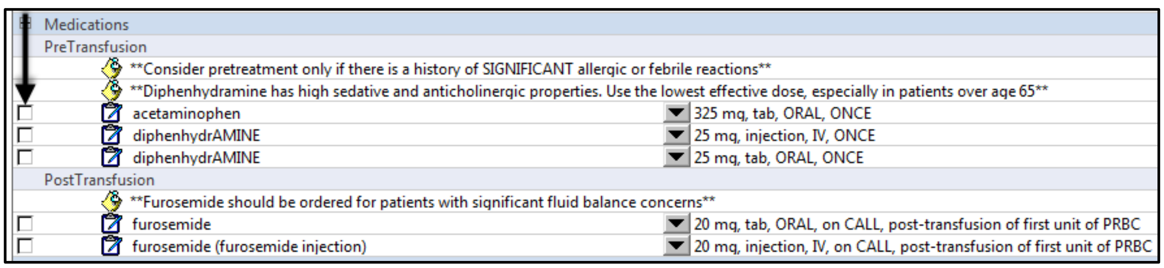


Complete the **Rate of Infusion (each unit over)** and **Reason for PRBC transfusion** fields.



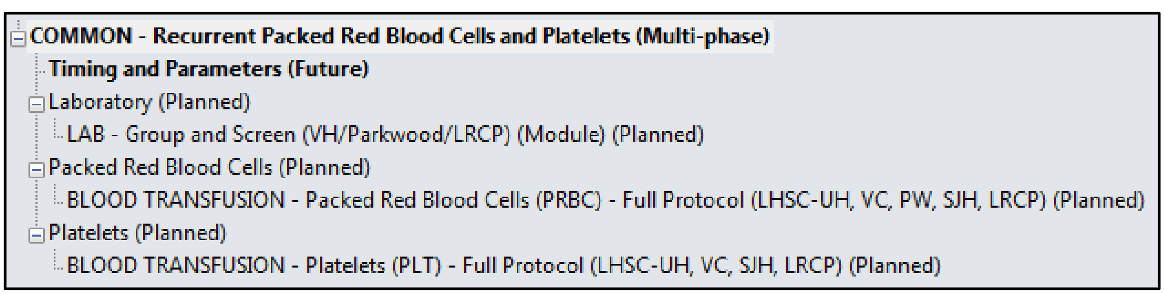
Important: Do not enter transfusion parameters intended for Nursing staff in this order. This order is for Blood Transfusion Lab only. Please use the Conditional If/Then order for Nursing related information.

Select any PreTransfusion or PostTransfusion medications required.



Completing the PowerPlan

Once all information has been completed, click the Orders For Signature button and click the Sign button.The plan phases should display as below.



View Planned PowerPlan

If you are looking for **planned orders**, open the **Orders** page. They will be displayed at the top of the **View** section under **Plans**. You may need to click the (**+**) plus signs beside Plans to be able to see all plans.

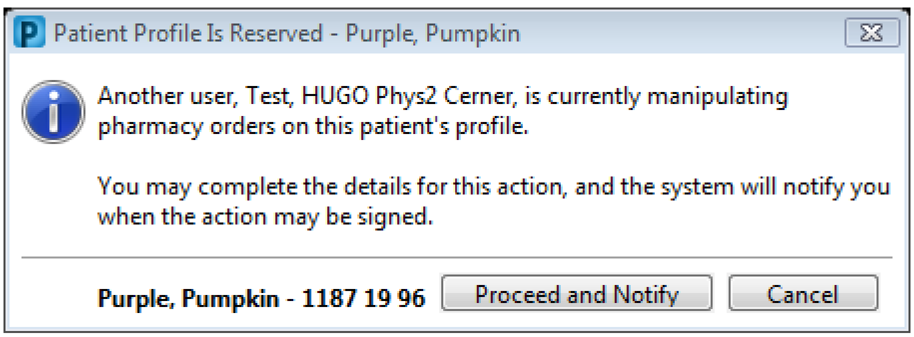
ORDER ALERT

In the current configuration of HUGO, more than one provider was able to enter orders on a patient's chart at the same time. We had put this preference in place to reduce frustration among providers if there is simultaneous ordering activity taking place, e.g., MRP and consulting services.

However, we have found that with a simultaneous order, when you place an IV order, the system does not perform allergy checking for the IV medication.

This means if a patient was allergic to morphine and a morphine IV infusion was ordered, there would be no allergy checking.

As a patient safety precaution, we have turned the setting that allows simultaneous provider order entry OFF. This will enable allergy checking but only allows one person in the chart at a time.



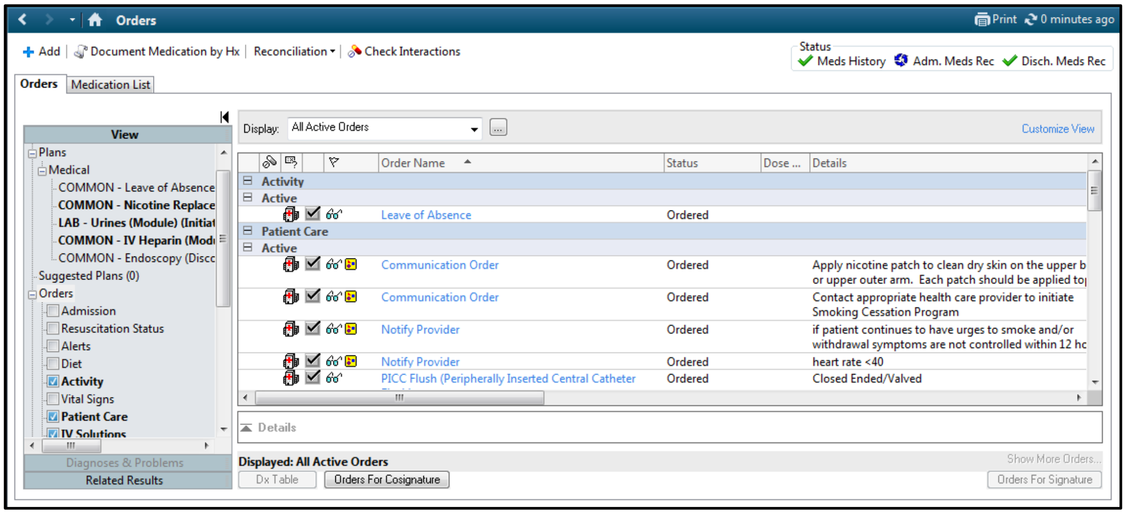
You may see the above warning appear if you are attempting to enter orders on a patient’s chart at the same time as someone else. This is a safety feature of the system and helps us to ensure that two people are not entering orders at the same time – which could result in dual orders for the same item.

If you click on Proceed and Notify, the system will allow you to continue adding orders to the scratchpad or adding details to a PowerPlan, but will not allow you to sign those orders until the first user has either signed their orders or left the scratchpad.

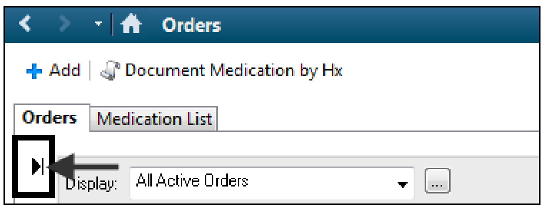
Please note, we are working on the solution to this issue which will be included in the system when we upgrade the Cerner system in the fall.

ORDERS PAGE

It is recommended that users keep the **View** pane open in their **Orders** page. This allows for quicker viewing of PowerPlans available on the patient and order categories for quicker navigation of the orders page.



If yours is not visible, click on the arrow to open it.



PATIENT LISTS

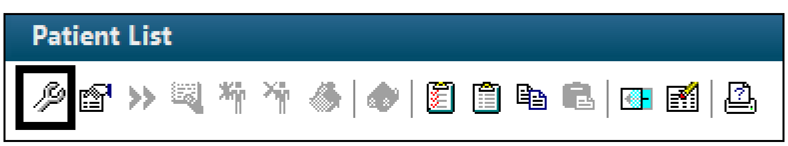
The process for adding and removing a patient is unchanged from your current practice.

Some patient lists are maintained by the system and automatically add new admissions and remove transfers or discharges. However, you can also build custom patient lists that might be more relevant to your workflow or role

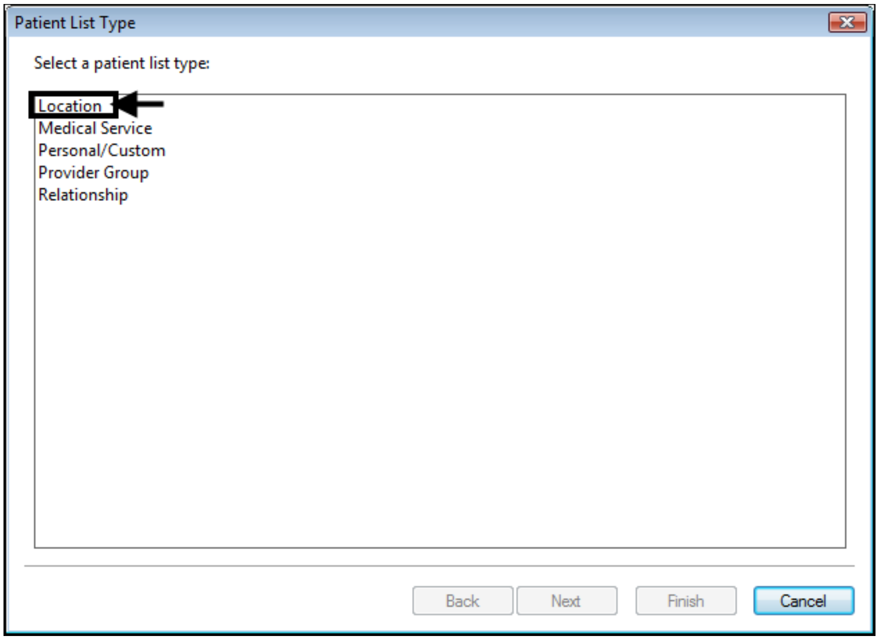
Custom list patient entries are not generated automatically. You may need to manually add or remove patients from a custom list.

Build a Location List

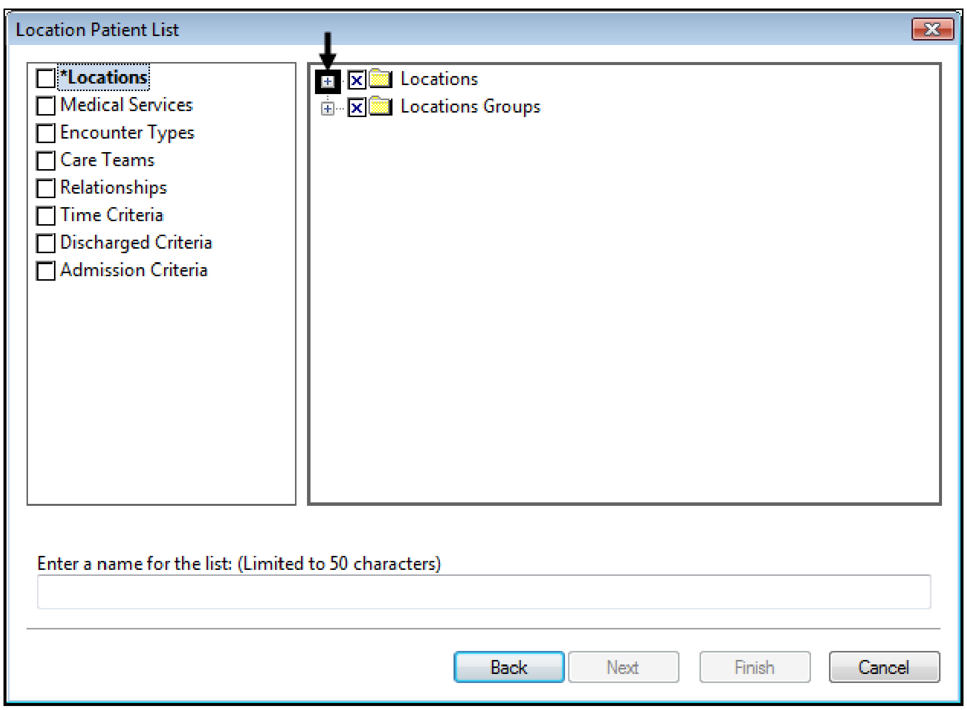
1. From the **Patient List** toolbar, click the **List Maintenance** icon.



2. The **Modify Patient Lists** dialog box opens.
3. It displays **Available lists**: on the left an **Active lists**: on the right.
4. To create a new list, click the New button.
5. The **Patient List Type** dialog box opens. Double-click **Location**.

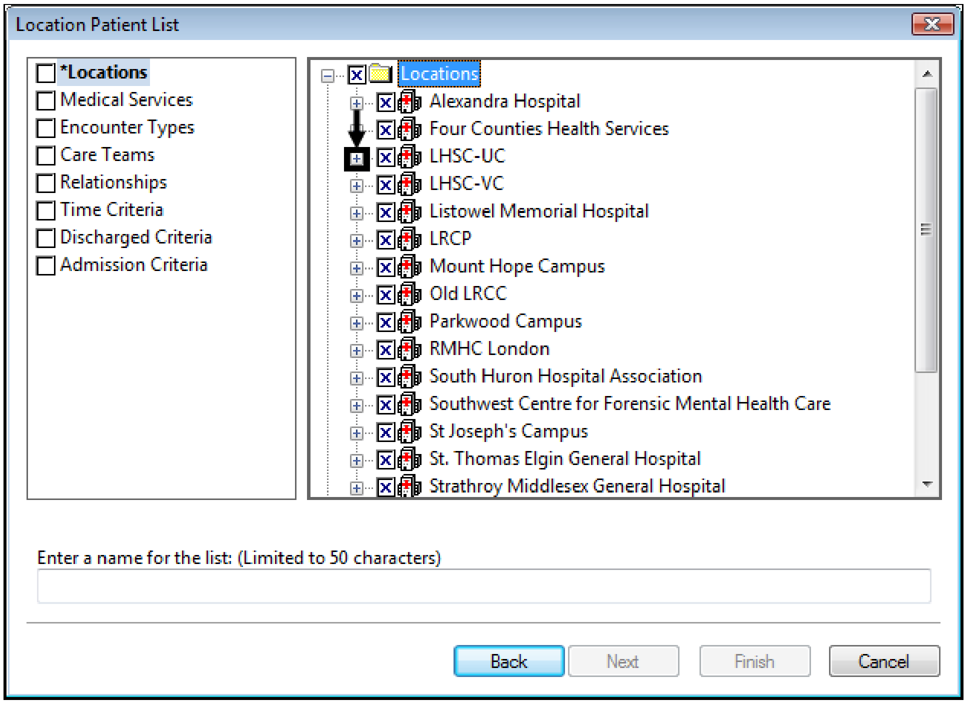


6. The **Location Patient List** dialog box opens.
7. Click the **plus sign** ⊞ in front of **Locations**.

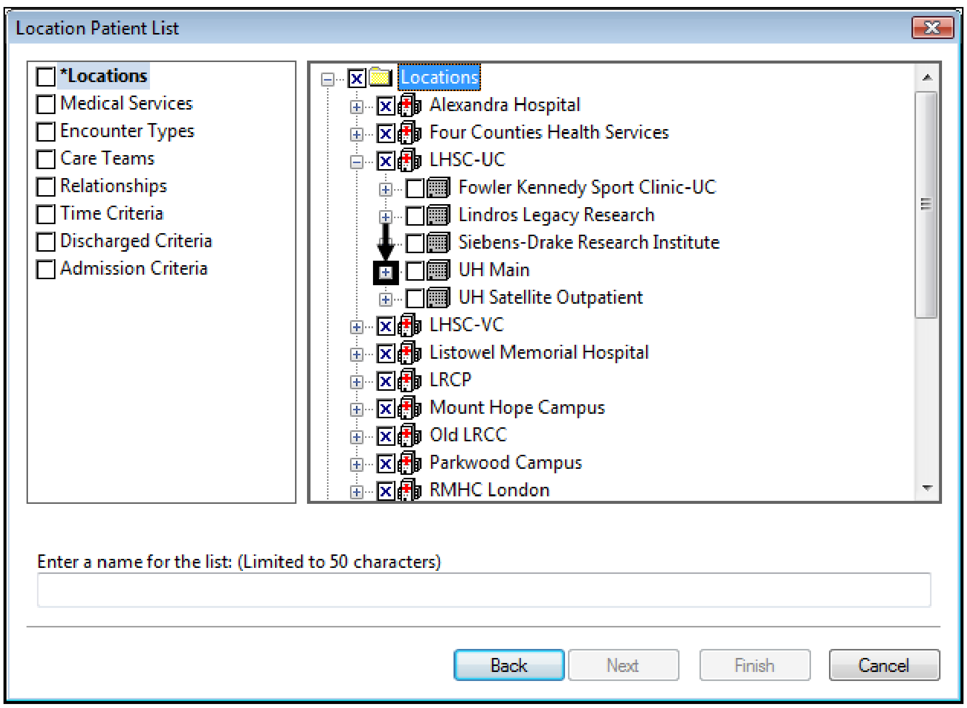


Please note that you can also choose Locations Groups to generate a list of patients admitted to a specific location within a predefined location, e.g., J Colp Clinic. We won't be doing that in our example.

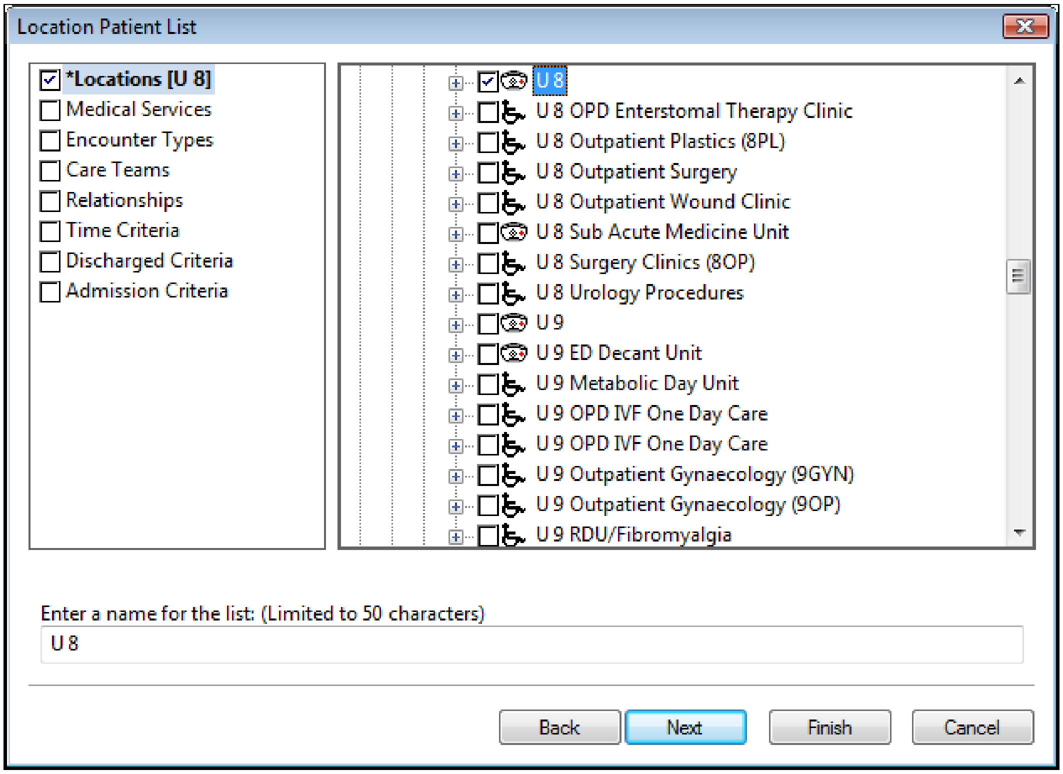
8. Click the **plus sign** ⊞ in front of the appropriate site location, e.g., LHSC-UC.



9. Click the **plus sign** ⊞ in front of the appropriate building location, e.g. UH Main.



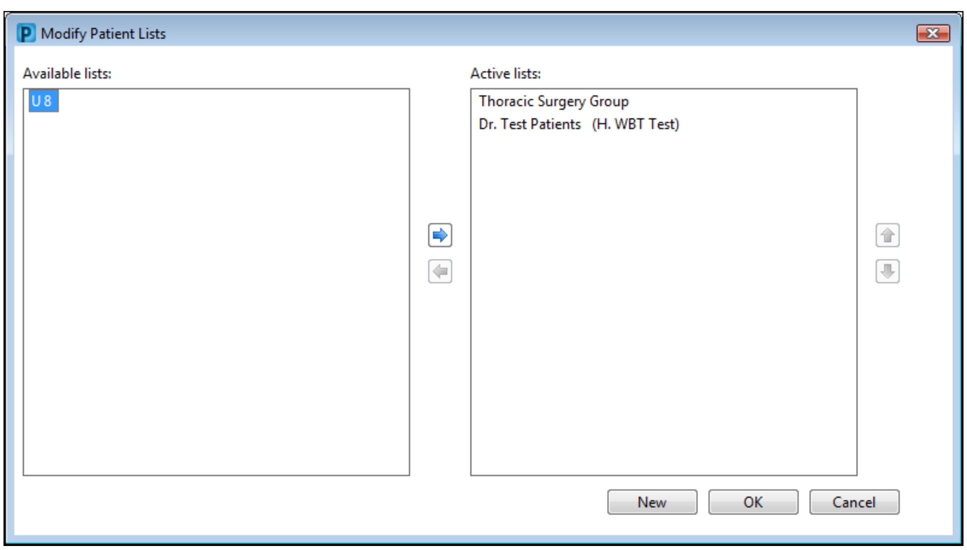
10. Click the checkbox for desired nursing unit location (or ambulatory location).

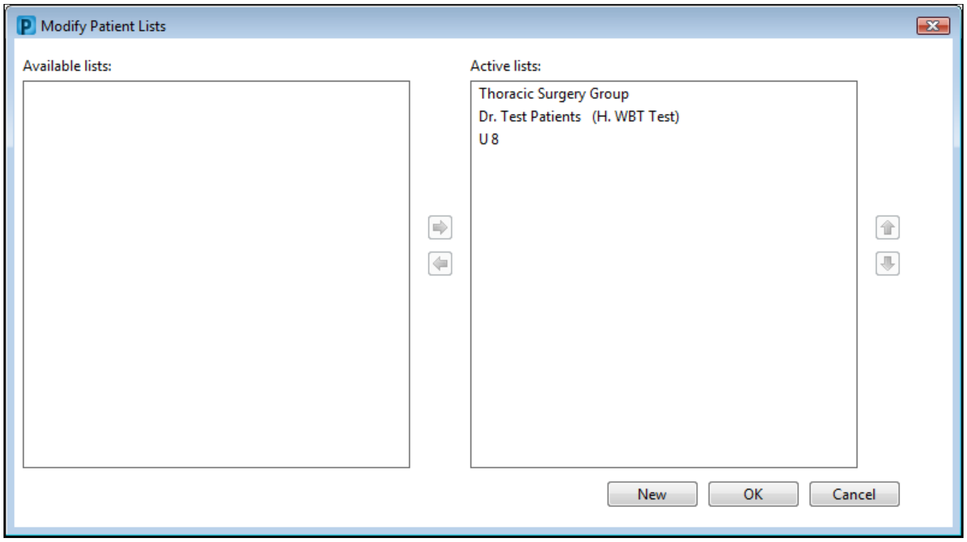


denotes nursing unit location

denotes ambulatory location

11. Click the Finish button.
12. The **Modify Patient** Lists dialog box displays.
13. Click to highlight the new list name in the **Available lists**: pane and then click the **blue arrow** to move the name to the **Active lists**: pane.





14. Click the 

button to return to the Organizer screen.

You can modify the order of the lists using the up  *and down*  *arrows.*

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15. The new list now appears as its own tab with all patient names automatically generated for that location.

Build a Relationship List

You can build a patient list based on your established relationship to the patient. For example, if you are identified as the admitting physician, the patient's name is automatically displayed when you build the relationship list.

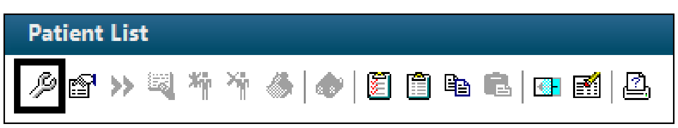
In this example, we will show a provider the steps to build the Relationship List and grant proxy to this list to a medical secretary.

There are three steps in the creation of a **Relationship** List for the provider > medical secretary workflow:

1. The provider needs to create the list;
2. The provider then grants the medical secretary **Proxy Access** to the list;
3. The medical secretary moves this list to the **Active lists** in the **Modify Patient Lists** window.

Step 1 – Provider Creates a Relationship List

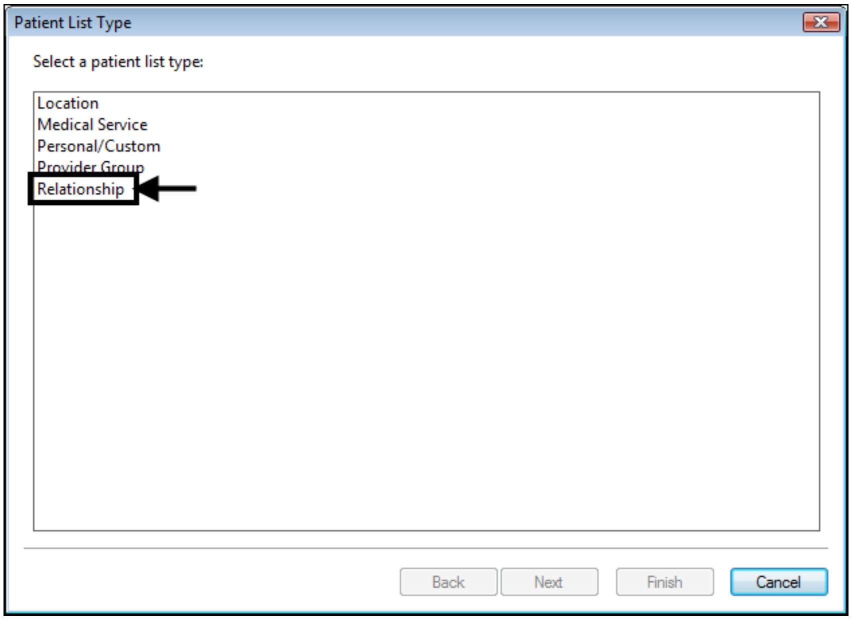
1. From the **Patient List** toolbar, click the **List Maintenance**  icon.



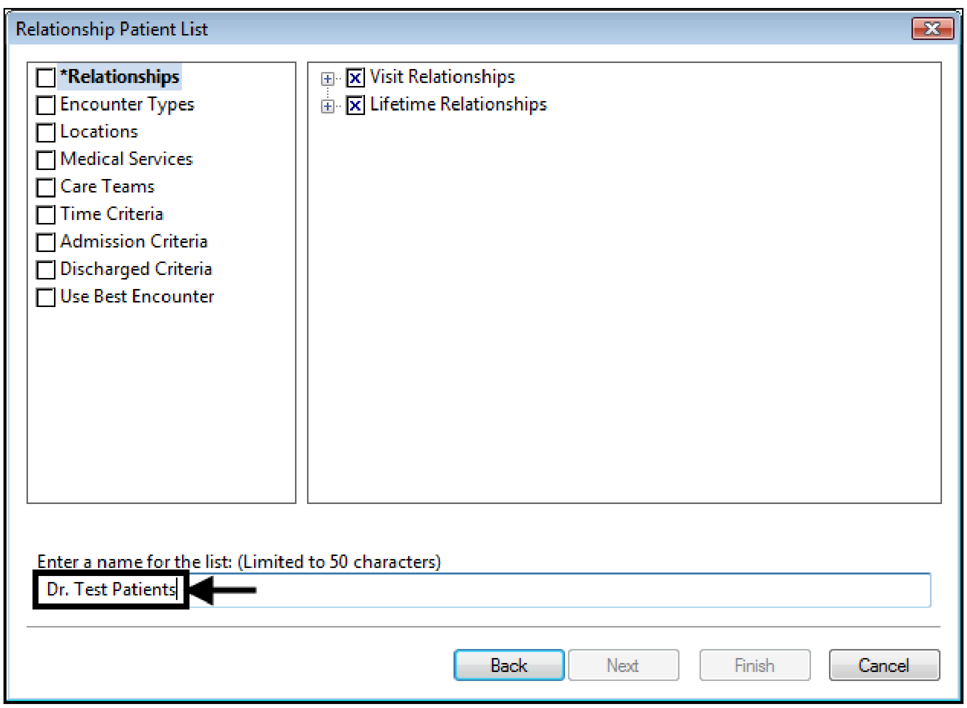
2. The **Modify Patient Lists** dialog box opens.
3. It displays **Available lists**: on the left an **Active lists**: on the right.
4. To create a new list, click the 

button.

5. The **Patient List Type** dialog box opens. Double-click **Relationship**.

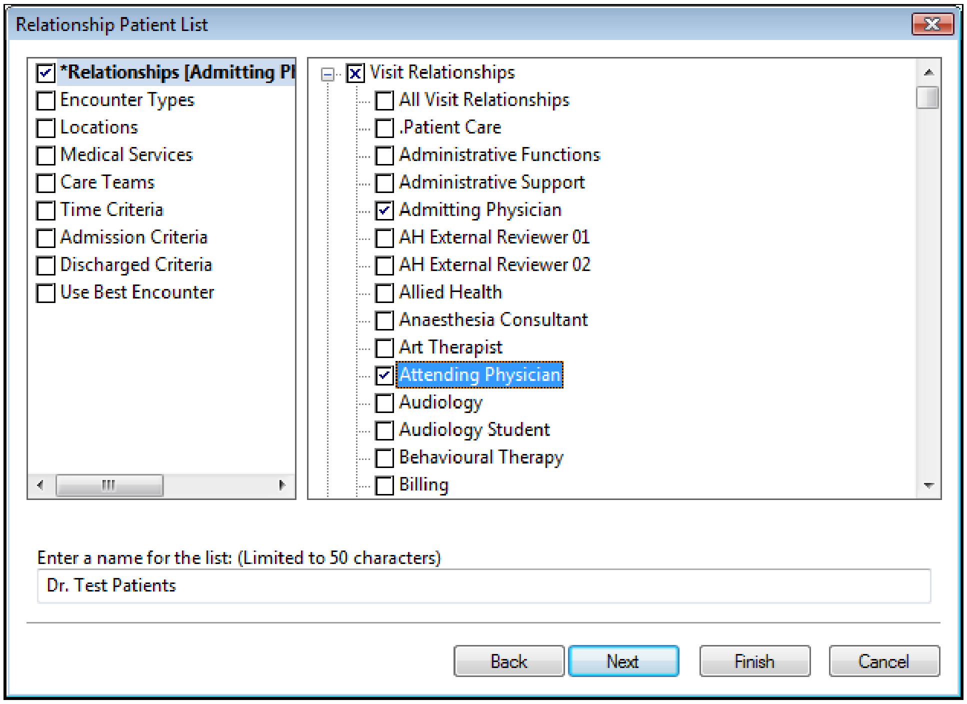


6. The **Relationship Patient List** dialog box opens.
7. Type a name for your list in the **Enter a name for the list** field.



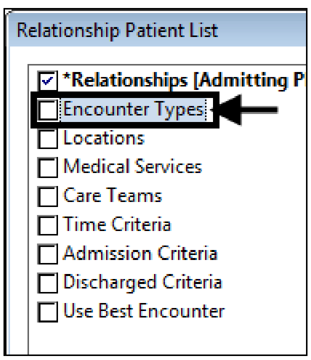
Choose Visit Relationships

1. Next, click the **plus sign** ⊞ in front of **Visit Relationships** to expand this.
2. From the **Visit Relationships** list, click in the checkbox to choose your relationship, e.g., **Admitting Physician** and **Attending Physician**.

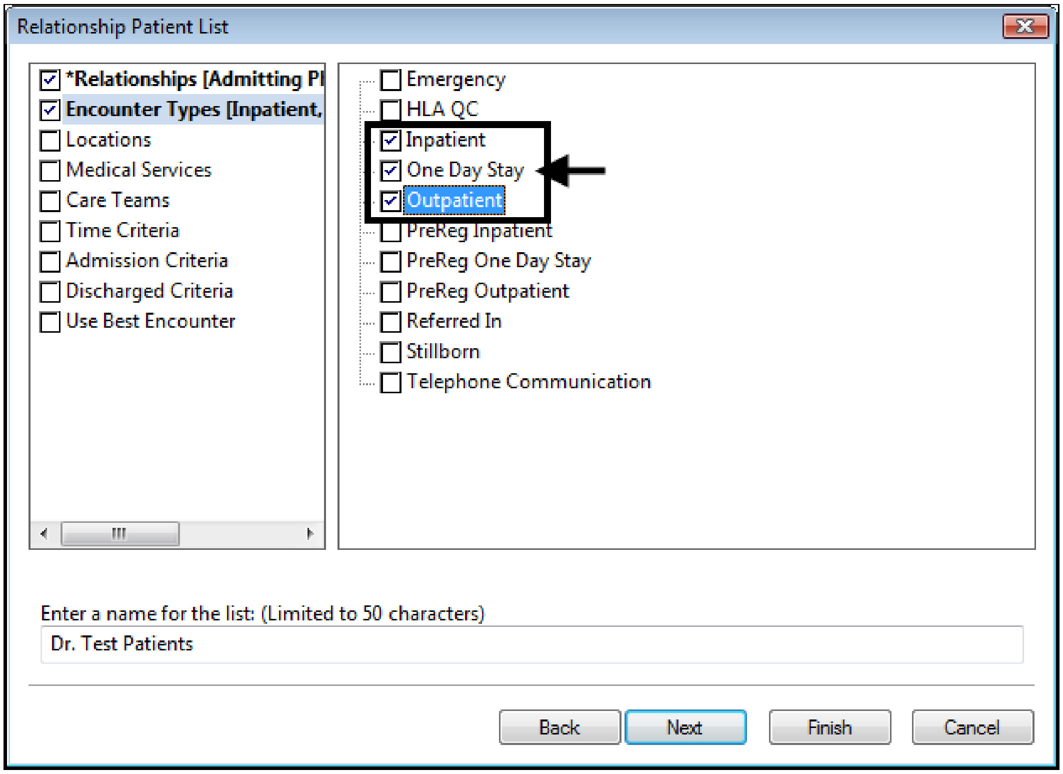


Choose Encounter Types

1. Next click **Encounter Types** (on the left-hand side of the dialog box). There will be no checkmark initially.



2. Click in the checkboxes to select appropriate encounter types, e.g., Inpatient, Outpatient and One Day Stay.



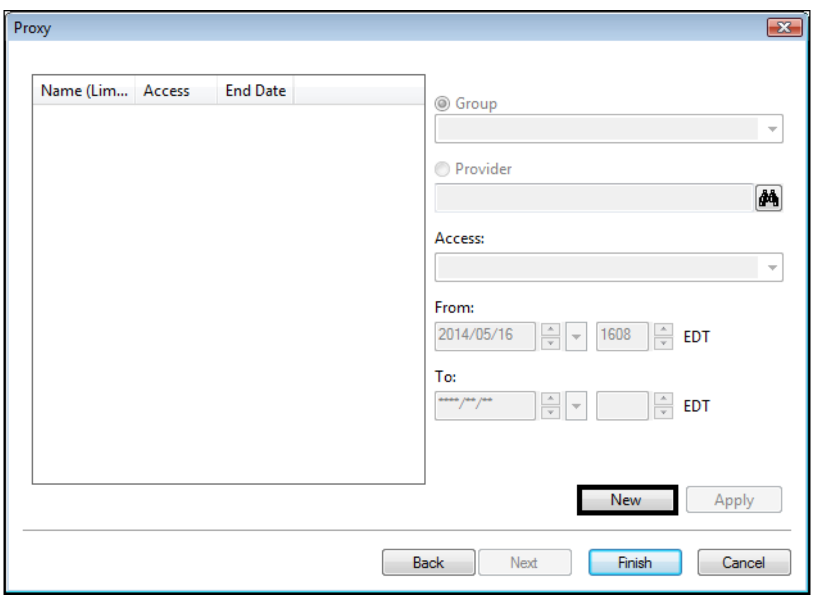
3. Click the 

button.

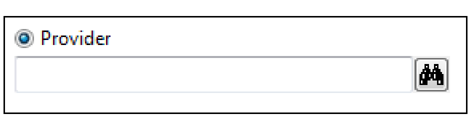
Step 2 – Provider Grants Secretary Proxy to Relationship Patient List

1. The **Proxy** dialog box opens.
2. Click the 

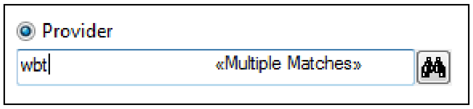
button.



3. Click the **Provider** radio button.

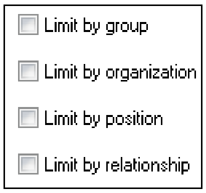


4. Provider types secretary's name for proxy and click the  icon.



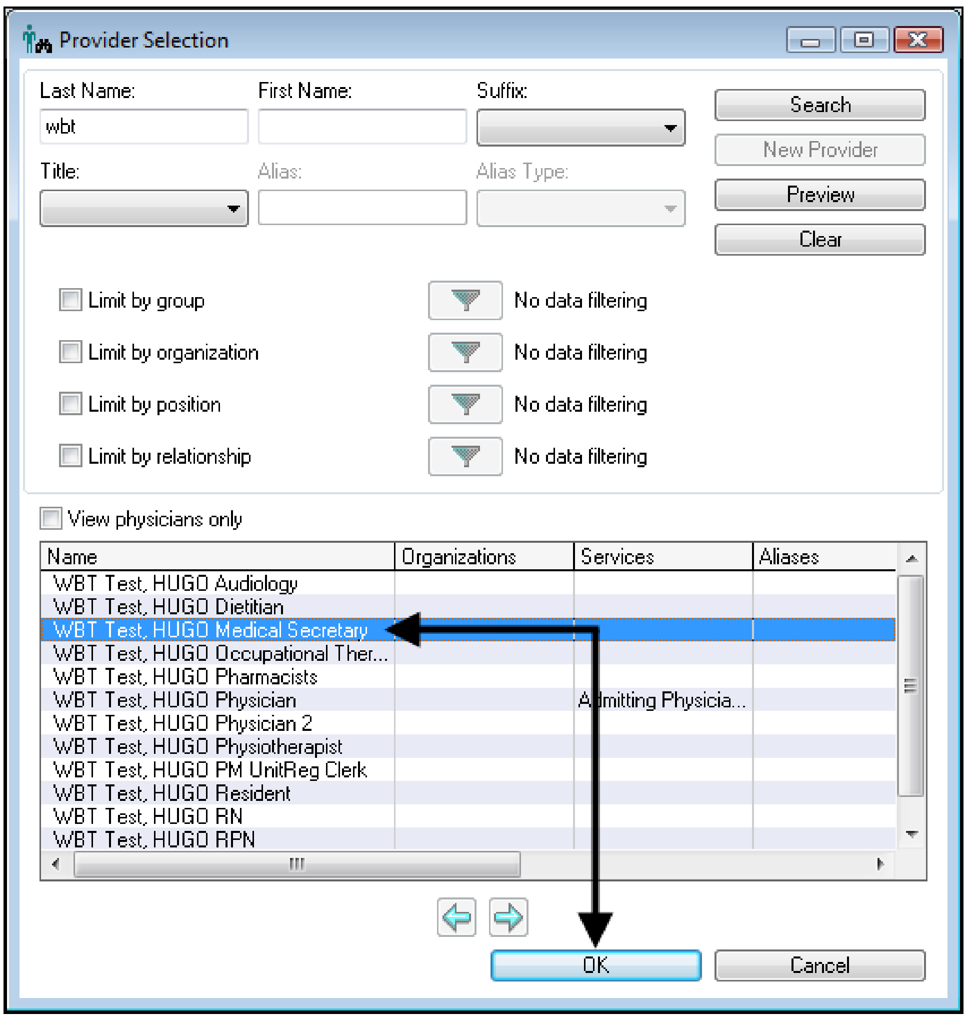
5. The **Provider Selection** window opens.

6. Make sure the provider does not select any **Limit by** filters.



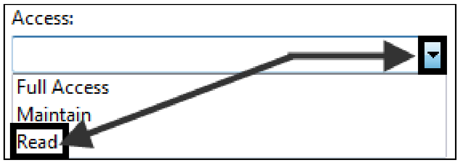
7. Click the name of secretary and click the 

button.

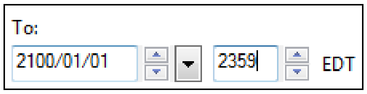


8. You are returned to the **Proxy** dialog box.

9. Click the down-arrow beside the **Access** field and choose **Read**.



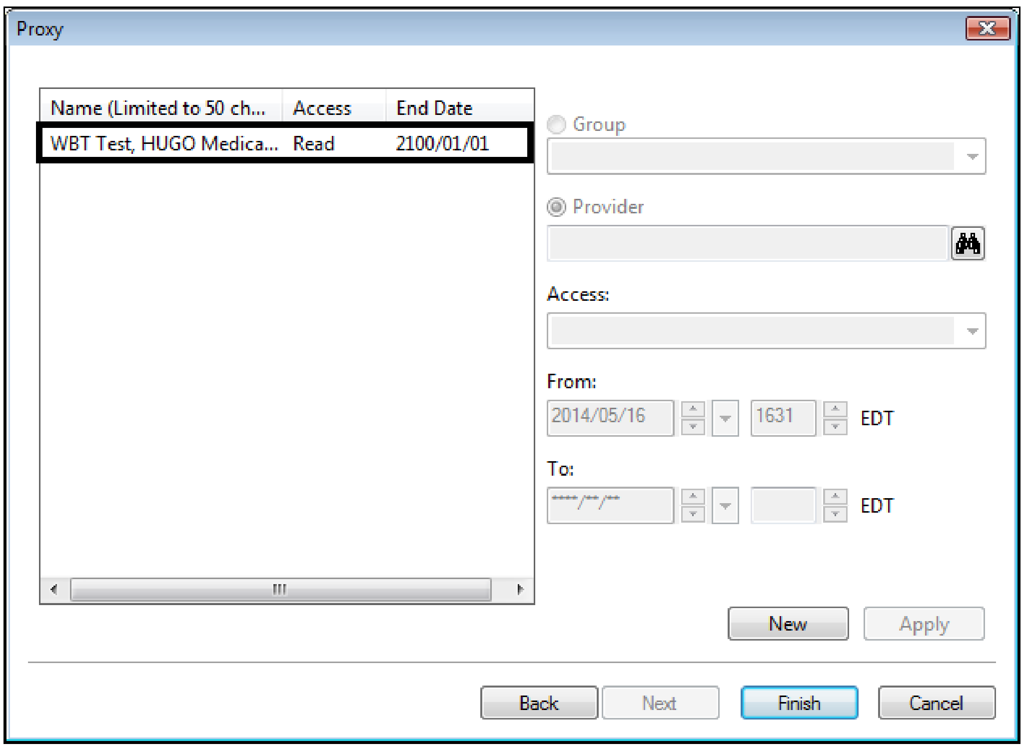
10. In the **To**: field, set your date to **2100/01/01** and a time of **2359**.

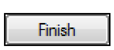
11. 

12. Next click the 

button.

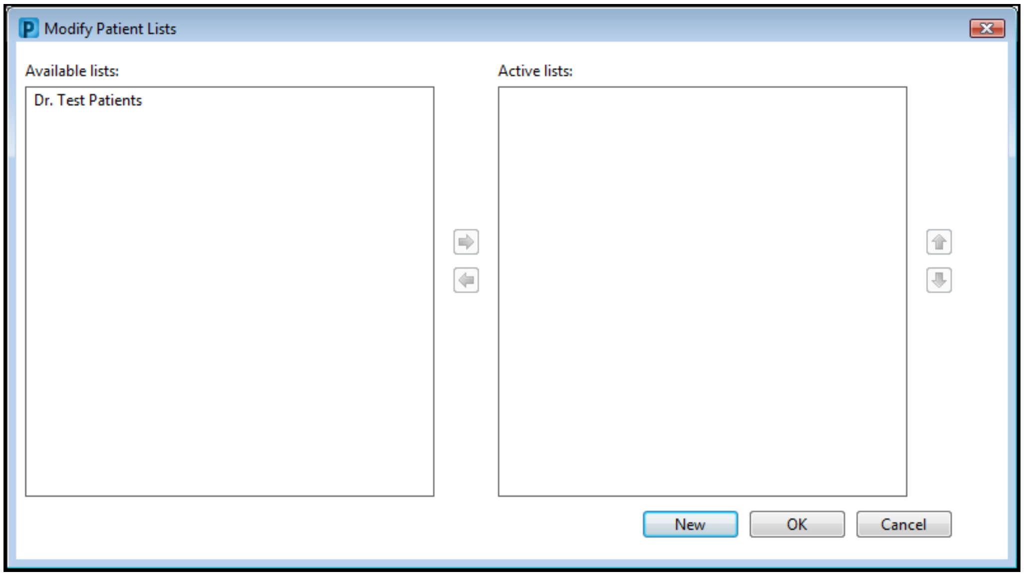
13. The secretary's name now appears under **Name** in the **Proxy** dialog box.



14. Click the 

button.

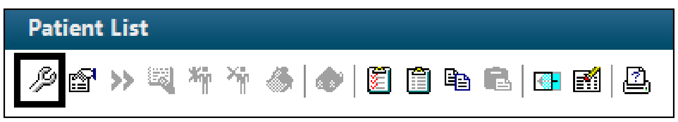
15. You are returned to the **Modify Patient Lists** dialog box.



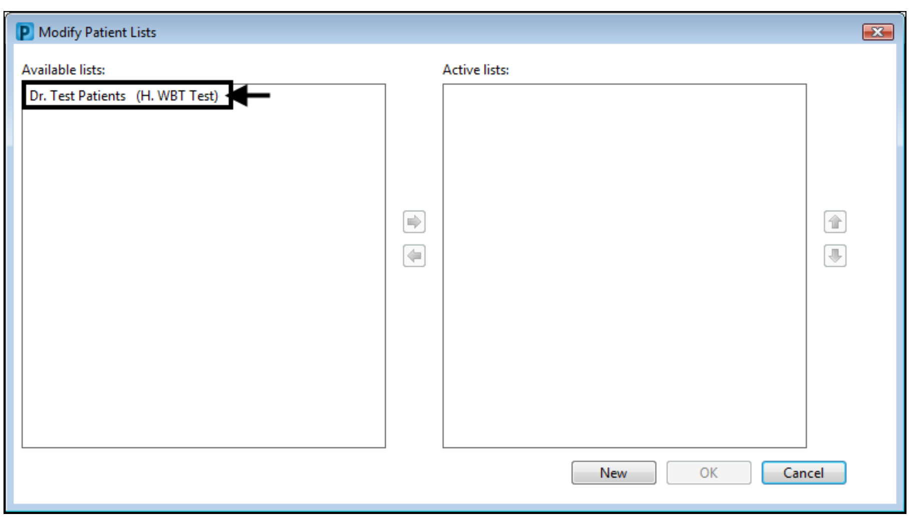
16. Click the  button to return to the Organizer screen.

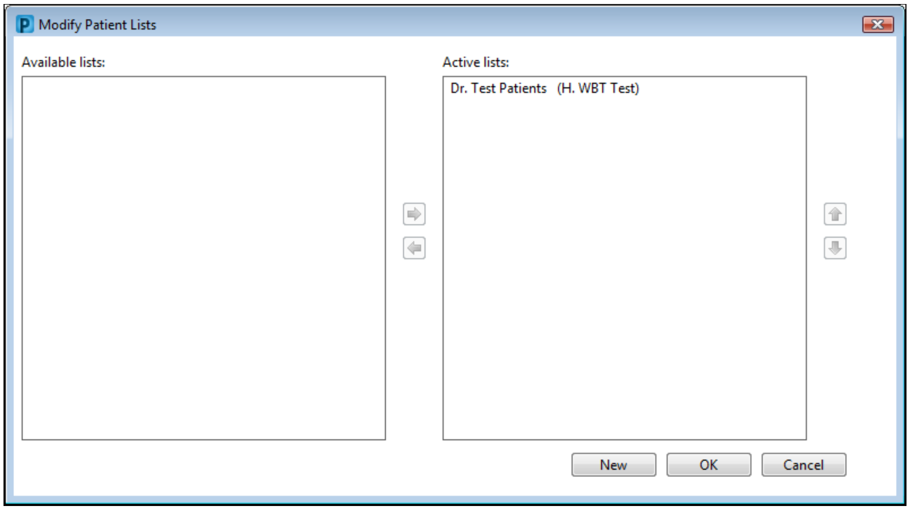
Step 3 – Secretary Logs in and Activates List

1. From the **Patient List** toolbar, click the **List Maintenance**  icon.

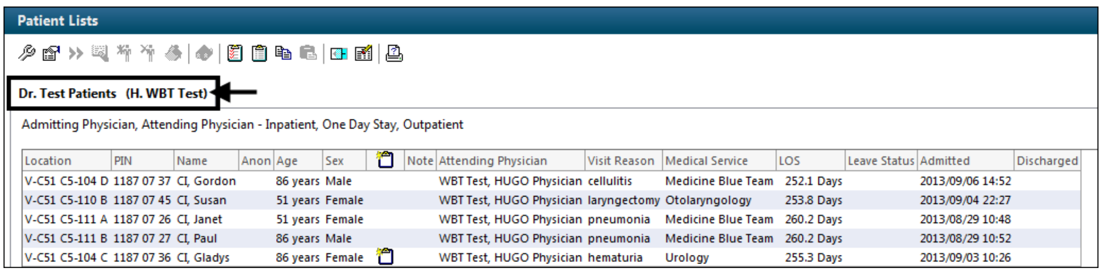


2. The **Modify Patient Lists** dialog box opens.
3. It displays **Available lists**: on the left an **Active lists**: on the right.
4. Click to highlight the relationship list name in the **Available lists**: pane and then click the **blue arrow**  to move the name to the **Active lists**: pane.



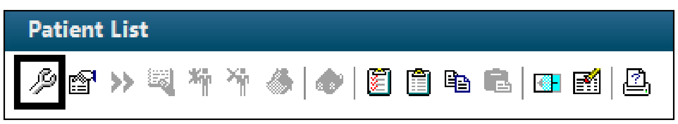


5. Click the OK button.
6. This list will appear as a new tab on the Organizer.

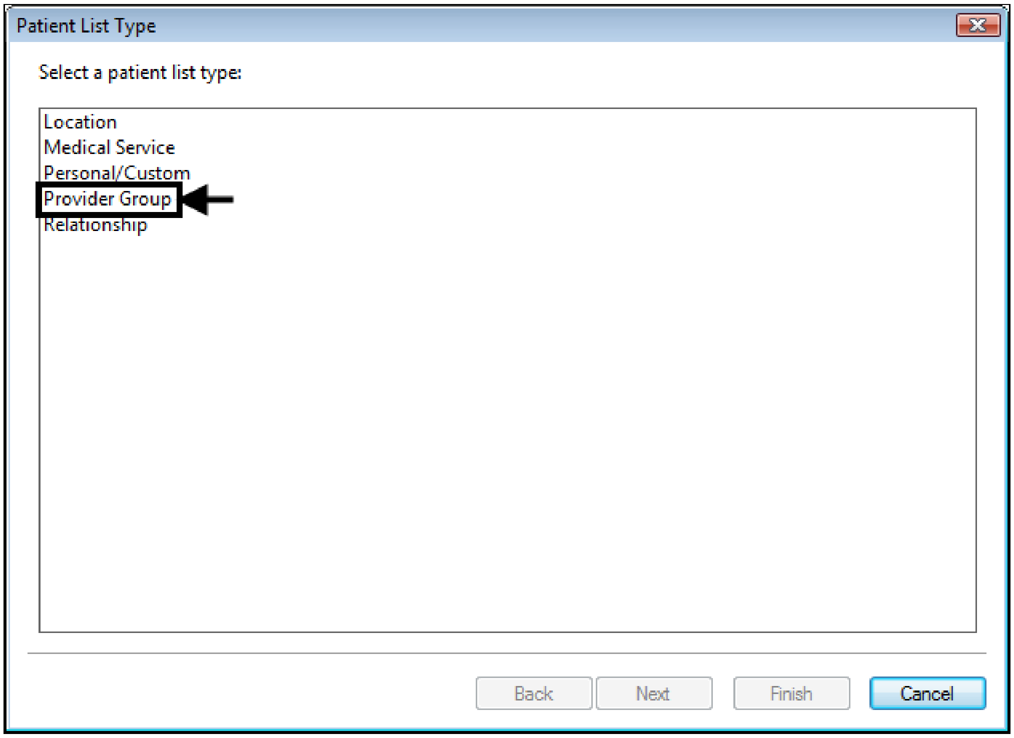


Build a Provider Group List

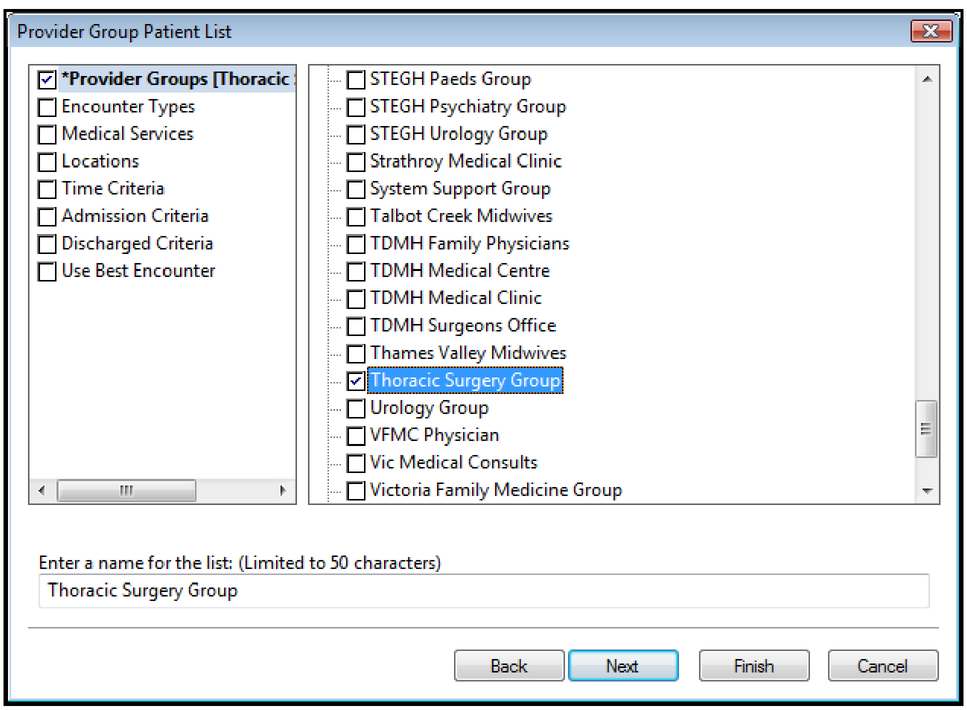
1. From the **Patient List** toolbar, click the **List Maintenance** icon.



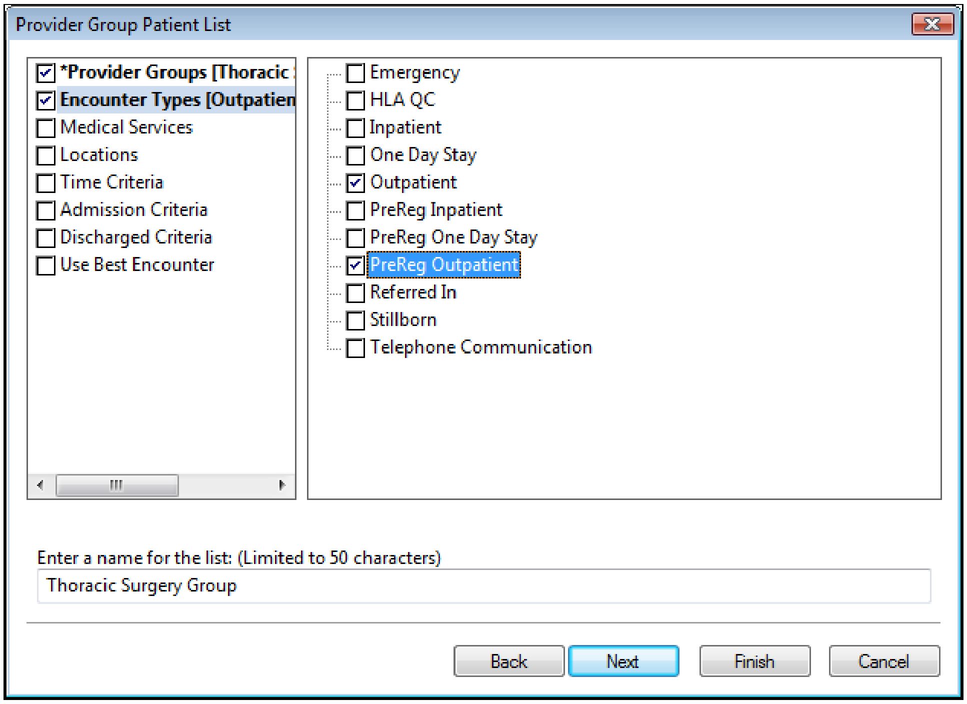
2. The **Modify Patient Lists** dialog box opens.
3. It displays **Available lists**: on the left an **Active lists**: on the right.
4. To create a new list, click the New button.
5. The **Patient List** Type dialog box opens. Double-click **Provider Group**.



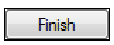
6. Click in the check box next to the Provider group in which you belong.



7. Next click **Encounter Types** (on the left-hand side of the dialog box). There will be no checkmark initially.
8. Click in the checkboxes to select appropriate encounter types you wish to see.

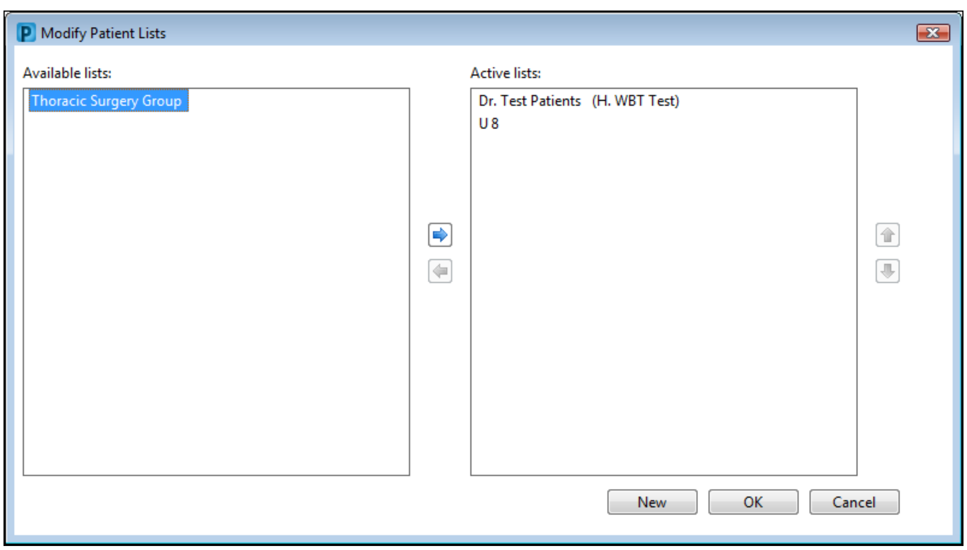


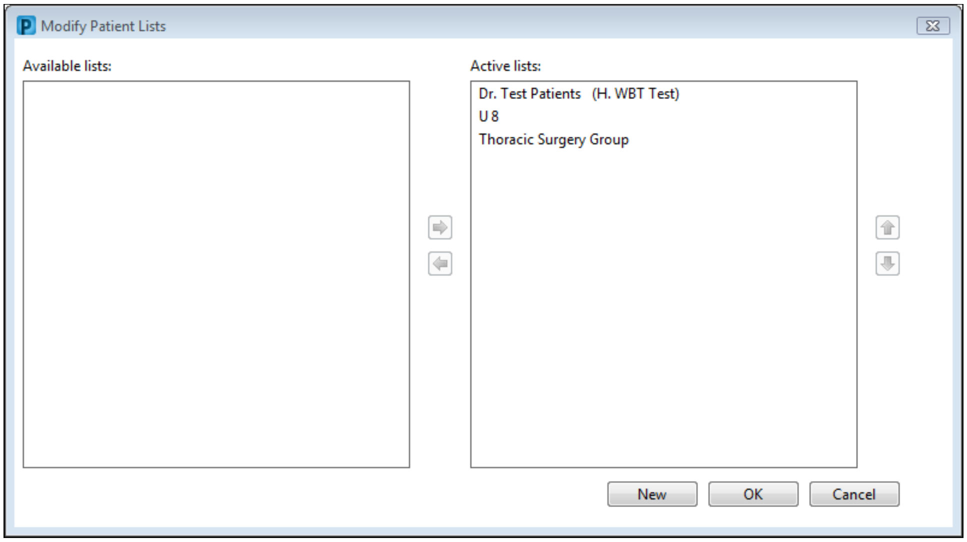
9. Click the  button.

10. Click the  button.

11. The **Modify Patient** Lists dialog box displays.

12. Click to highlight the new list name in the **Available lists**: pane and then click the **blue arrow**  to move the name to the **Active lists**: pane.





13. Click the OK button to return to the Organizer screen.

You can modify the order of the lists using the up and down arrows.

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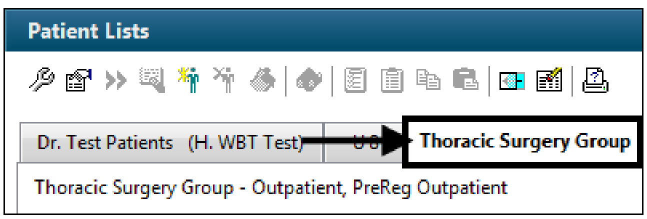
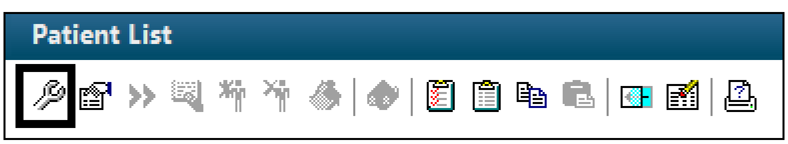
14. The new list now appears as its own tab with all patient names automatically generated for that location.



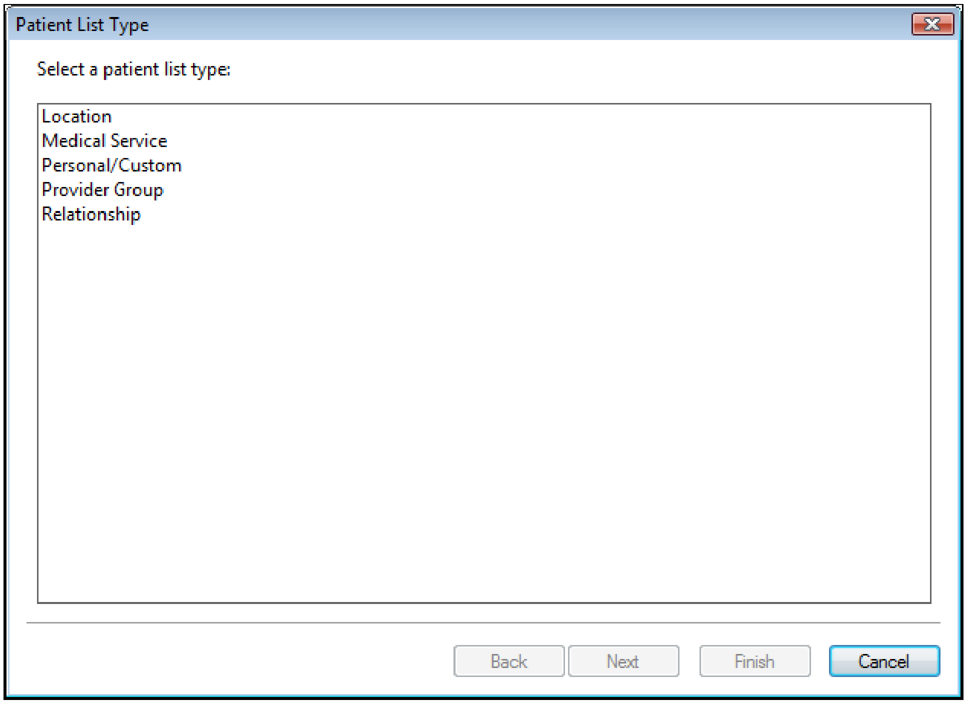
Build a Medical Service List

Build a Medical Service list to show all patients admitted to a medical service. The names are displayed automatically. Patient entries cannot be added or removed from the list.

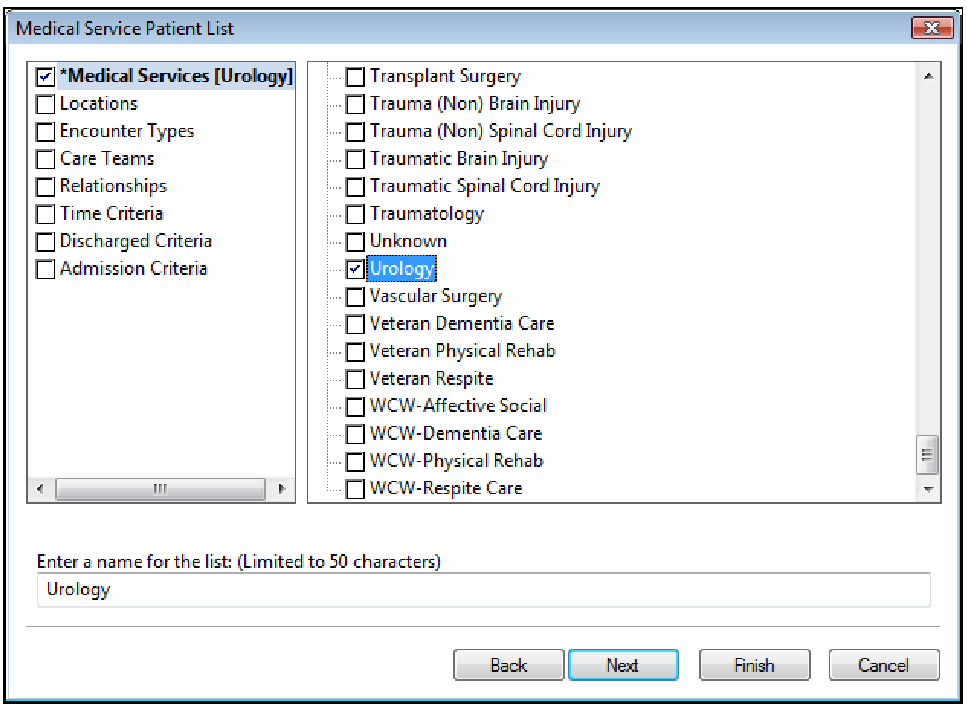
1. From the **Patient List** toolbar, click the **List Maintenance** icon.



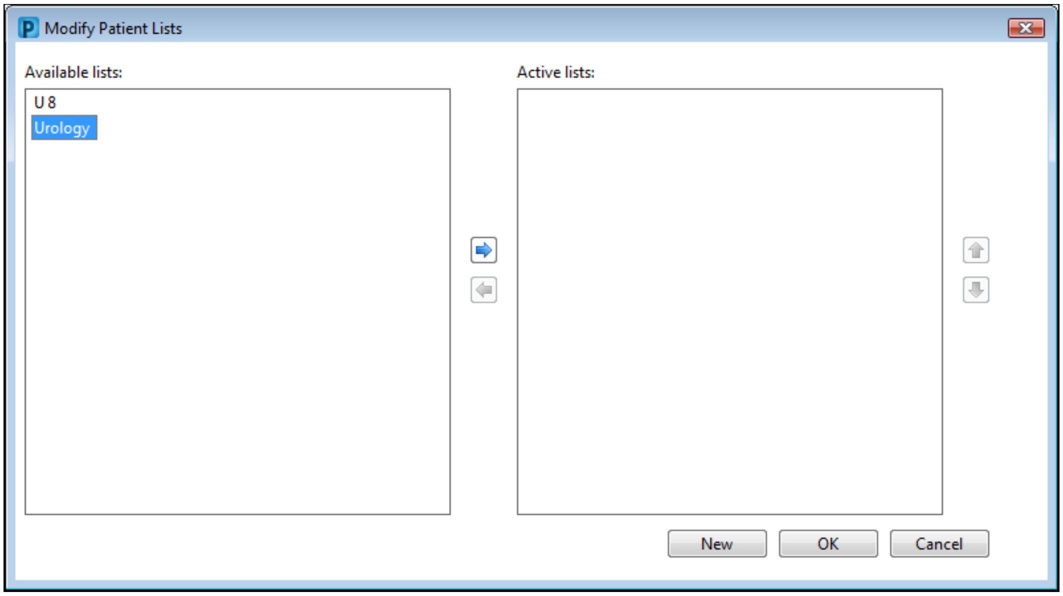
2. The **Modify Patient Lists** dialog box opens.
3. It displays **Available lists**: on the left an **Active lists**: on the right.
4. To create a new list, click the New button.
5. The **Patient List Type** dialog box opens. Double-click **Medical Service**.

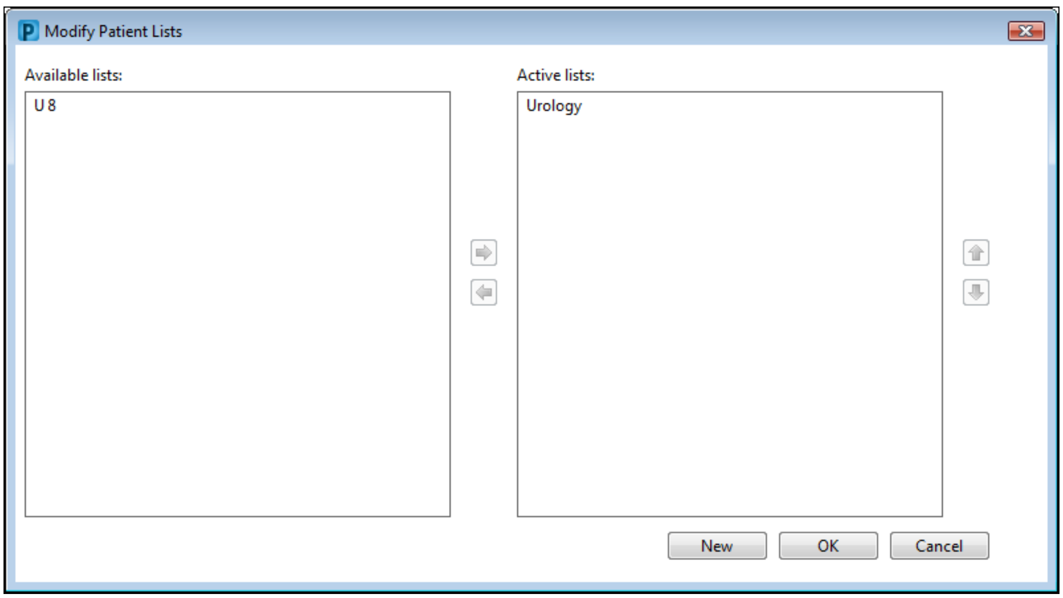


6. Click in the appropriate checkbox for the medical service you require.



7. Click the Finish button.
8. The **Modify Patient** Lists dialog box displays.
9. Click to highlight the new list name in the **Available lists**: pane and then click the **blue arrow** to move the name to the **Active lists**: pane.



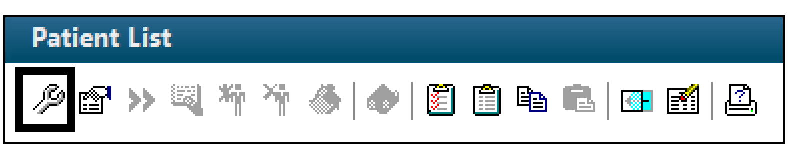


10. Click **OK** to return to the Organizer screen.
11. The new list now appears as its own tab with all patient names automatically generated for that medical service.

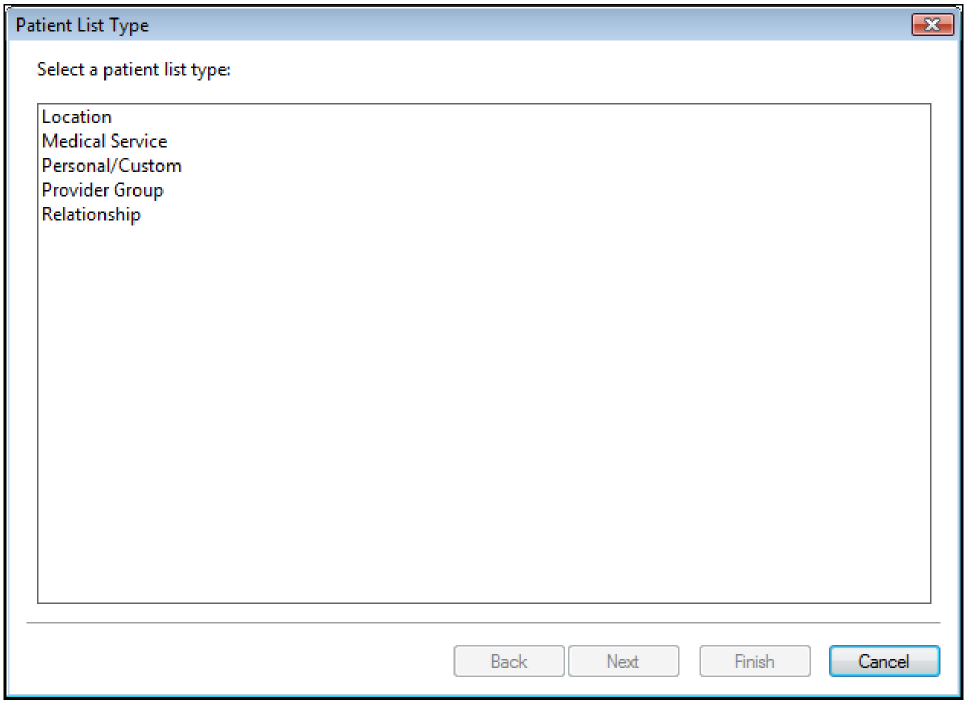
Build a Personal / Custom List

A Personal/Custom list might be helpful to follow up on patients. It is also useful for inpatient nurses so they only display their patient assignments on the Patient Access List (PAL).

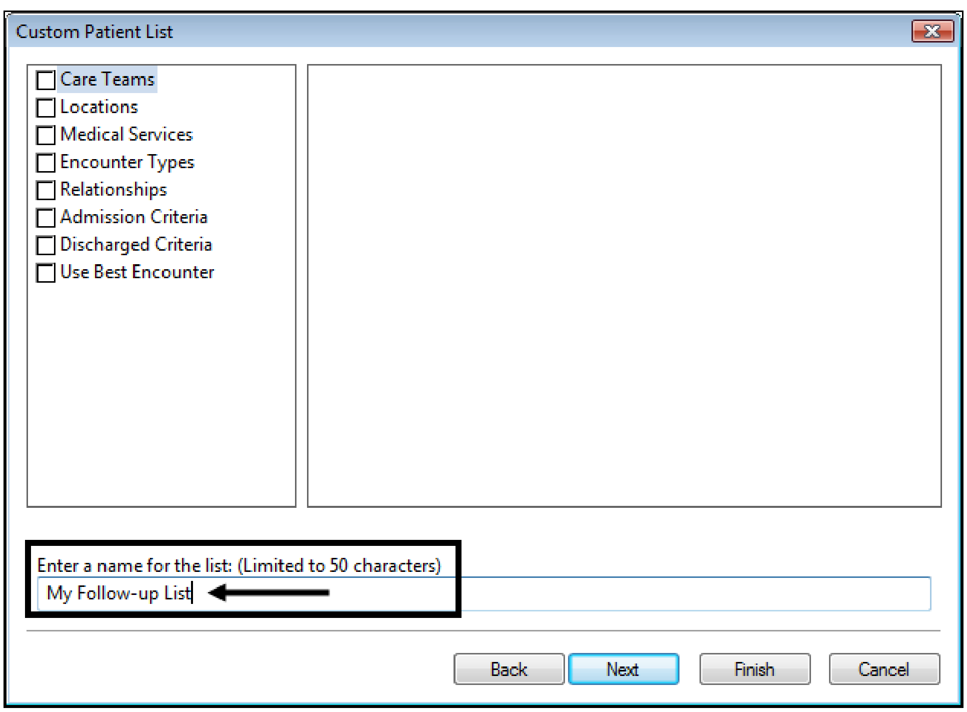
1. From the **Patient List** toolbar, click the **List Maintenance** icon.



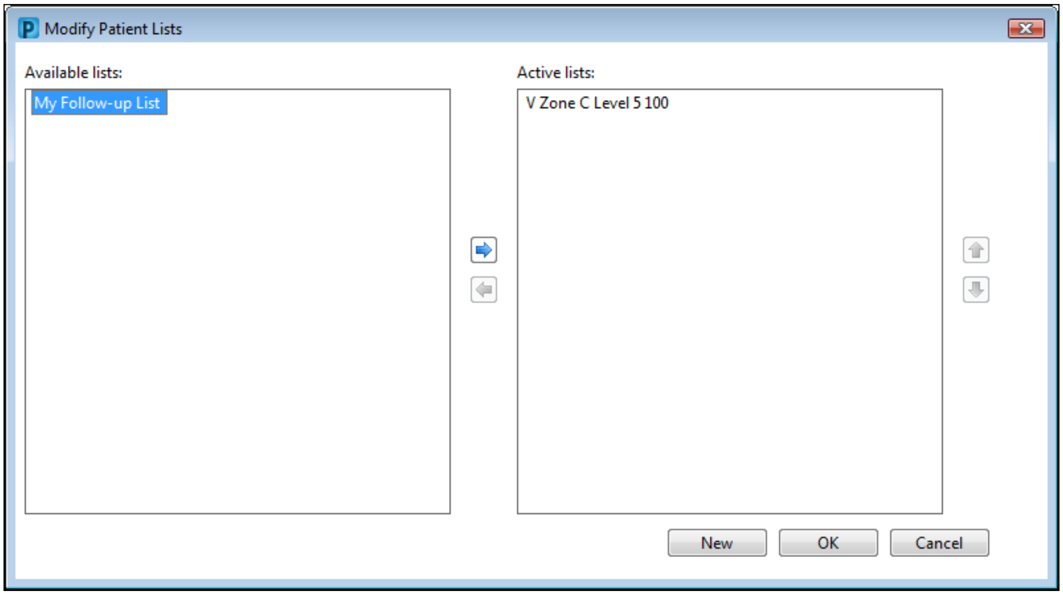
2. The **Modify Patient Lists** dialog box opens.
3. It displays **Available lists**: on the left an **Active lists**: on the right.
4. To create a new list, click the New button.
5. The **Patient List Type** dialog box opens. Double-click **Personal/Custom**.

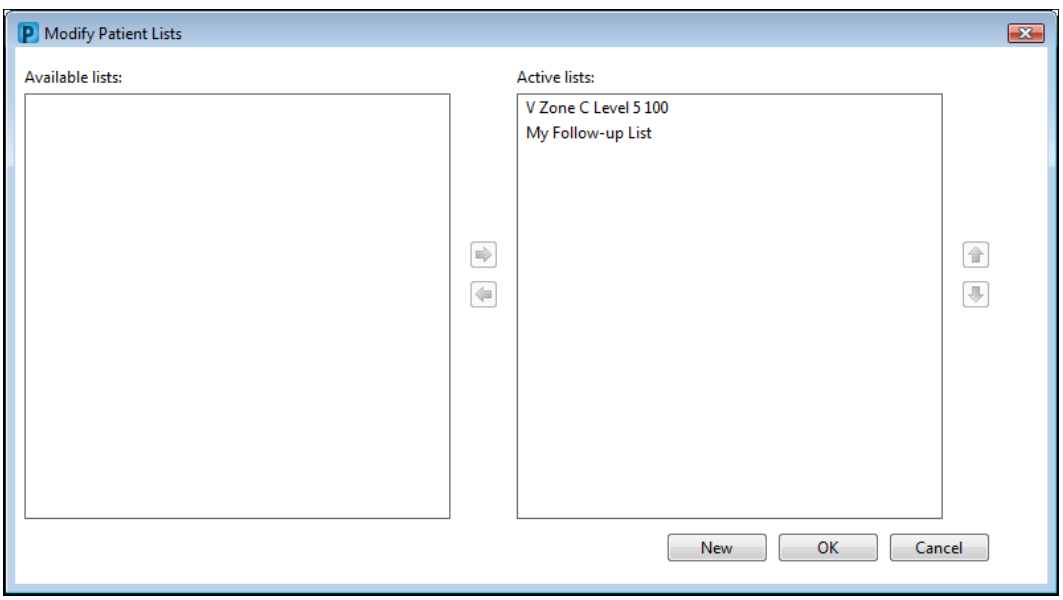


6. The **Custom Patient List** dialog box opens.
7. Type a name for the list and specify a filter type (if applicable), e.g. My Follow-up List, My PAL.



8. Click the Finish button.
9. The **Modify Patient** Lists dialog box displays.
10. Click to highlight the new list name in the **Available lists**: pane and then click the **blue arrow** to move the name to the **Active lists**: pane.





11. Click the OK button to return to the Organizer screen.

You can modify the order of the lists using the up and down arrows.

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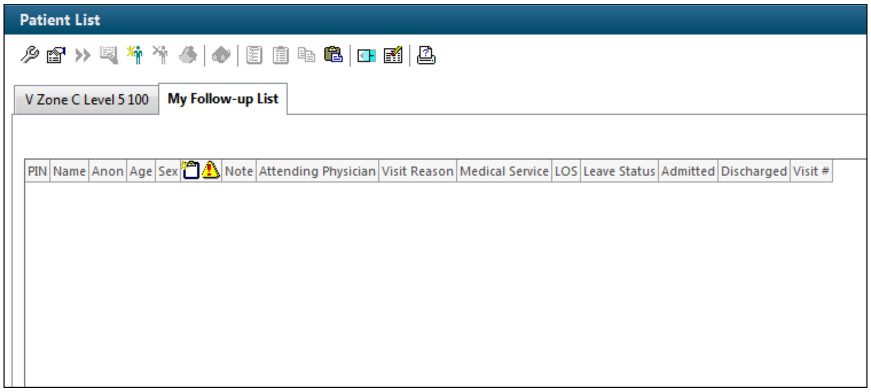
12. The new list now appears as its own tab but no patient names are generated. You need to add the patients to a custom list.



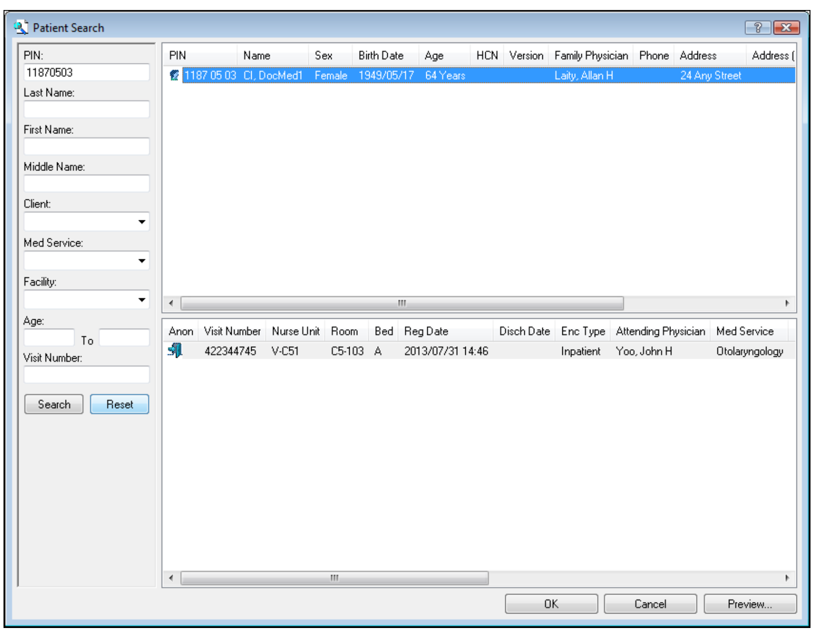
Add a Patient to a Custom List

You cannot add or remove patients to Location or Medical Service list types.

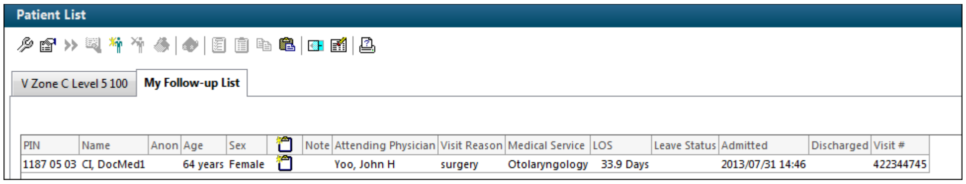
Method 1 – Patient Search

1. Make sure you have clicked your custom patient list tab.
2. From the **Patient List** toolbar, click the **Add Patient** icon.

3. The **Patient Search** window opens.
4. Enter the appropriate search criteria and click **Search** to retrieve matching entries.



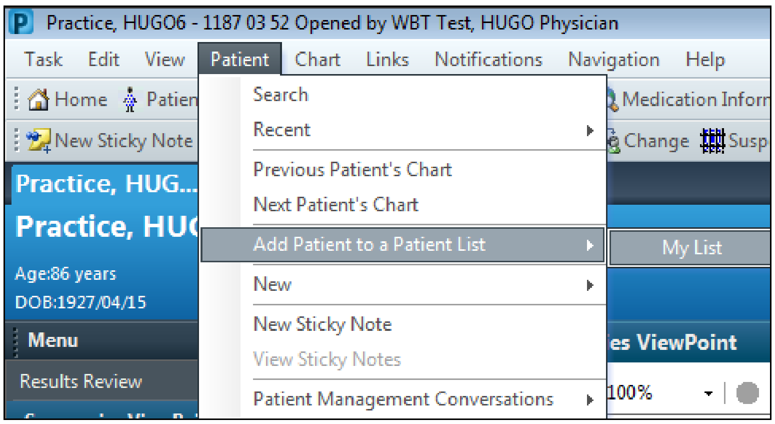
5. Select the correct patient and encounter and then click the OK button.
6. If prompted, assign a relationship and click the OK button.
7. The patient is added to your custom list.



8. Repeat the steps to add additional patients.

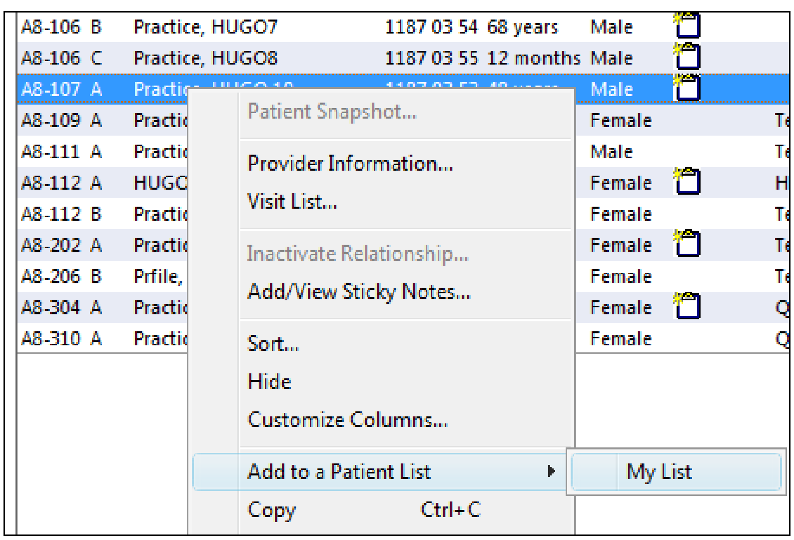
Method 2 – When a Patient Chart is Open

When a patient chart is open, click **Patient** on the menu bar and select **Add Patient to a Patient List** and then click the desired custom list.



Method 3 – Add From Another Patient List

Right-click on a patient on another list and choose **Add to a Patient List** and click the desired custom list. (If you have more than one list.)



Remove a Patient from a Custom List

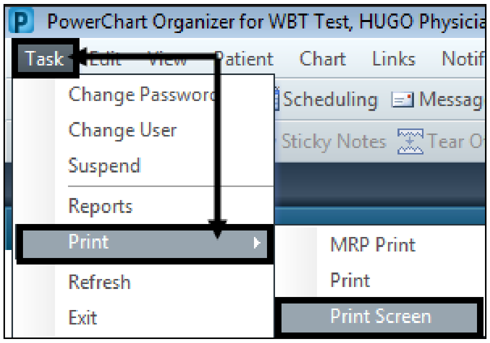
You cannot add or remove patients to Location or Medical Service list types.

1. Open the patient list.
2. Select the patient's name to be removed from the list.
3. From the **Patient List** toolbar, click the **Remove Patient** icon.

4. The patient's name is no longer displayed on the patient list.

Print a Custom List

1. From your custom list, click the **Task** menu on the menu bar.
2. Click **Print** and then click **Print Screen**.



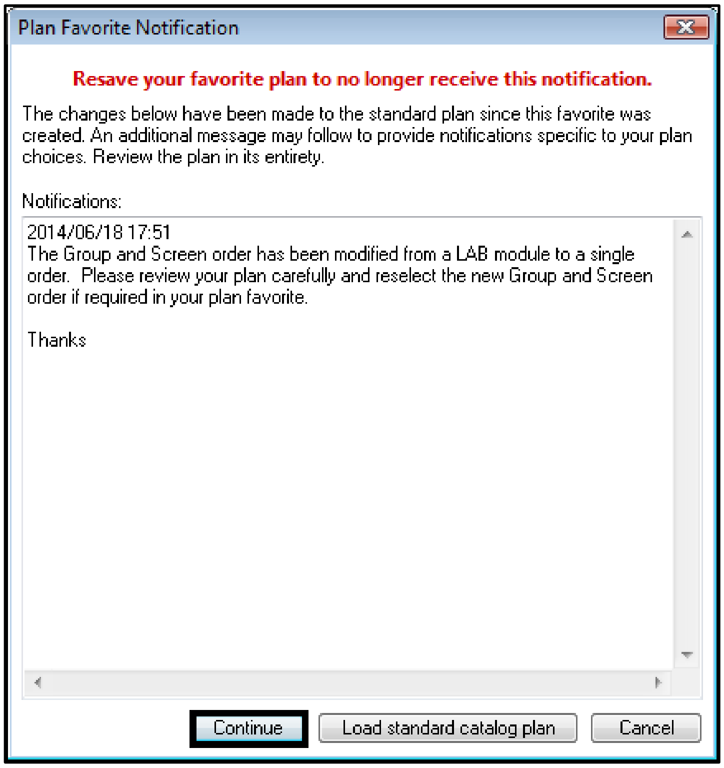
3. Make sure the correct printer is selected and then click **OK**.

POWERPLAN FAVORITES

When modifications are made to a PowerPlan you will be prompted to resave your favorite plan. This guide will assist with the resaving of a PowerPlan favorite.

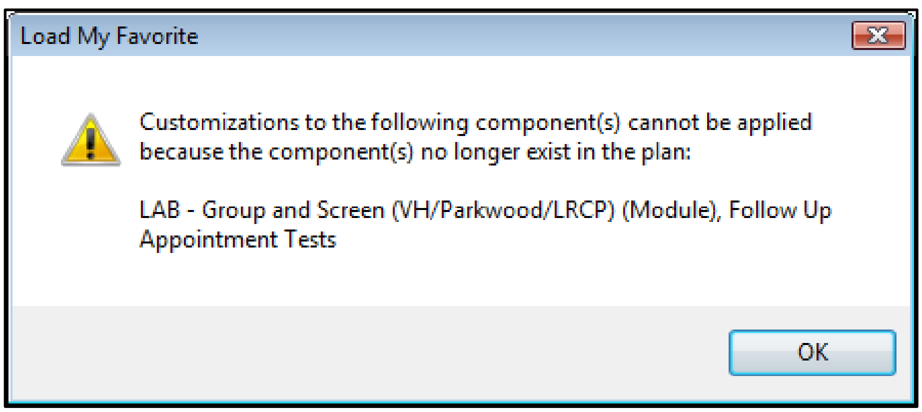
Notification of Plan Modifications

After modifications have been made to a Standard Catologue Plan you will be notified when accessing the PowerPlan from your plan favorites. The **Plan Favorite Notification** window will open and identify any changes that have been made. Review all changes that have been made carefully before proceeding.



If you would like to continue to use your favorite plan click **Continue**.

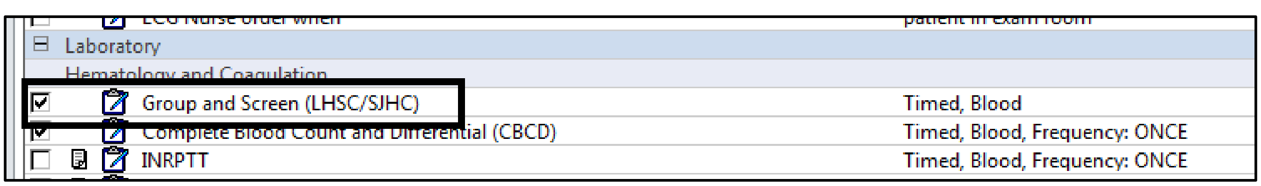
If an orderable was preselected in your favorite plan you may receive a **Load My Favorite** alert notification stating that the order is no longer available.



Click **OK** to proceed to the plan.

Reviewing the Plan

Review the Plan favorite for the identified modifications. Ensure the new order is either included or excluded as desired and complete order details. All other orders will remain unchanged from the previous plan favorite.



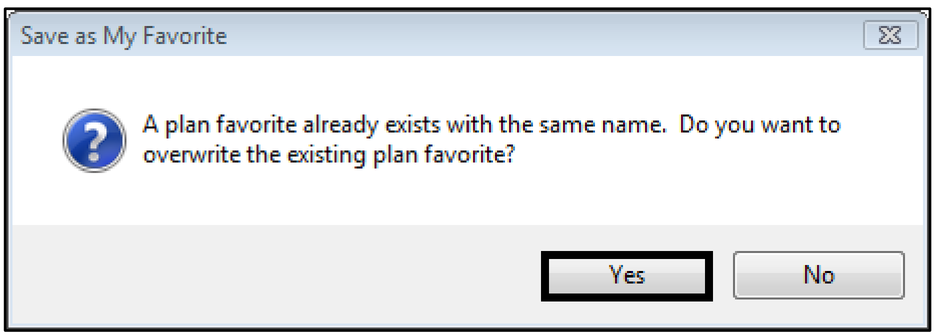
In this example the LAB – Group and Screen Module was replaced with the Group and Screen single orderable.

Resaving the Plan

After reviewing the new plan select Save as My Favorite to resave this plan. The **Save as My Favorite** dialog box will display with the current Plan Favorite Name.

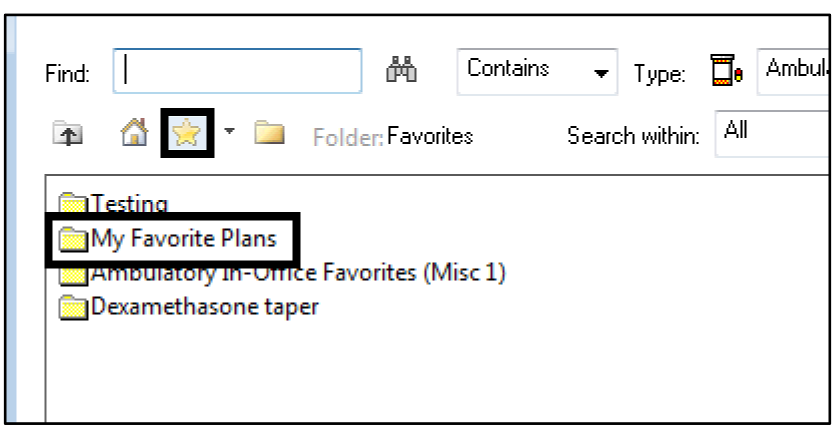
The same plan name may be used when resaving personal favorites. A **Save as My Favorite** alert window will notify you that the previous plan favorite will be lost.

Click Yes to complete the saving of your new favorite plan.



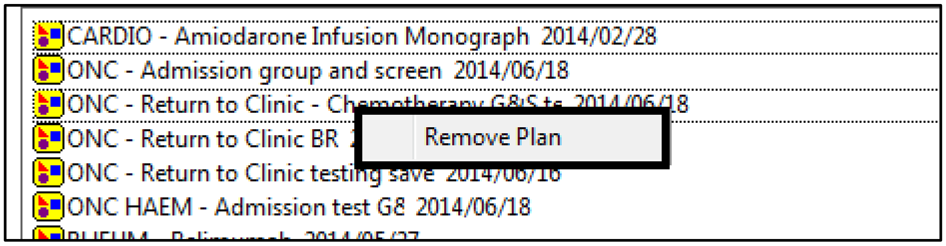
Removing Favorite PowerPlans

If a PowerPlan favorite is no longer needed it may be removed from the **My Favorite Plans** Folder. From the **Add Order** window click the icon and select **My Favorite Plans**.

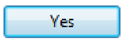


A list of your favorite plans will display. Right-click on the PowerPlan you would like to remove from your favorites.

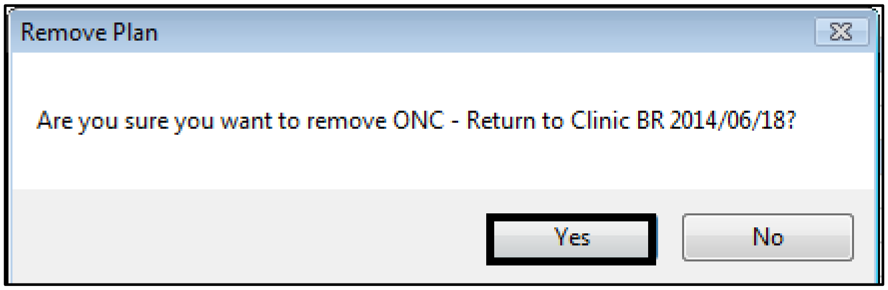
Click **Remove Plan**.



A **Remove Plan** alert dialog box will open to confirm the removal of the PowerPlan from the favorite folder.

Click 

to remove the plan.



PRESCRIPTIONS

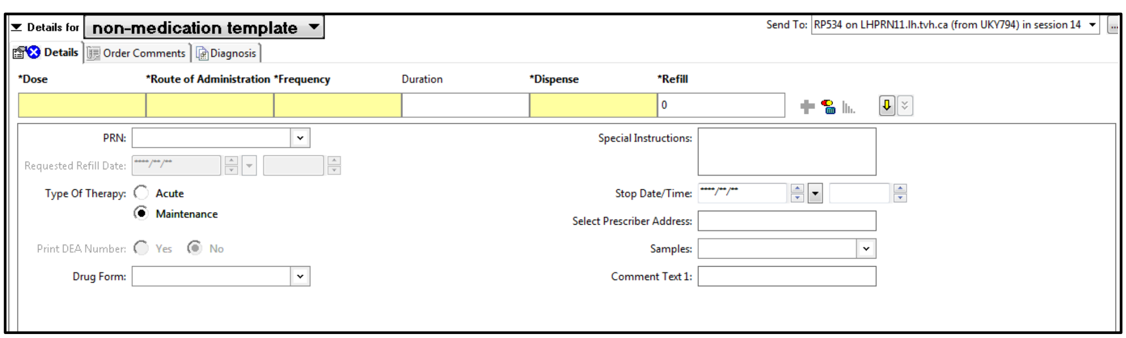
Do Not Print a Duplicate Prescription for the Chart

There is no need to print a prescription twice for hospital records. Once a prescription is issued the record of the prescription is captured and available for viewing in the system.

Non-Medication Template Prescription

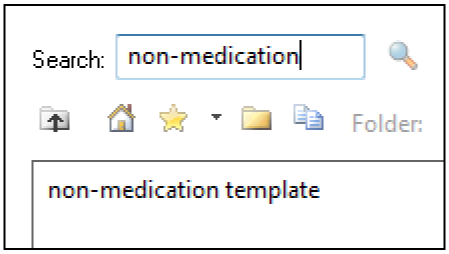
Changes have been made to the non-medication template to increase the ease of use when prescribing.

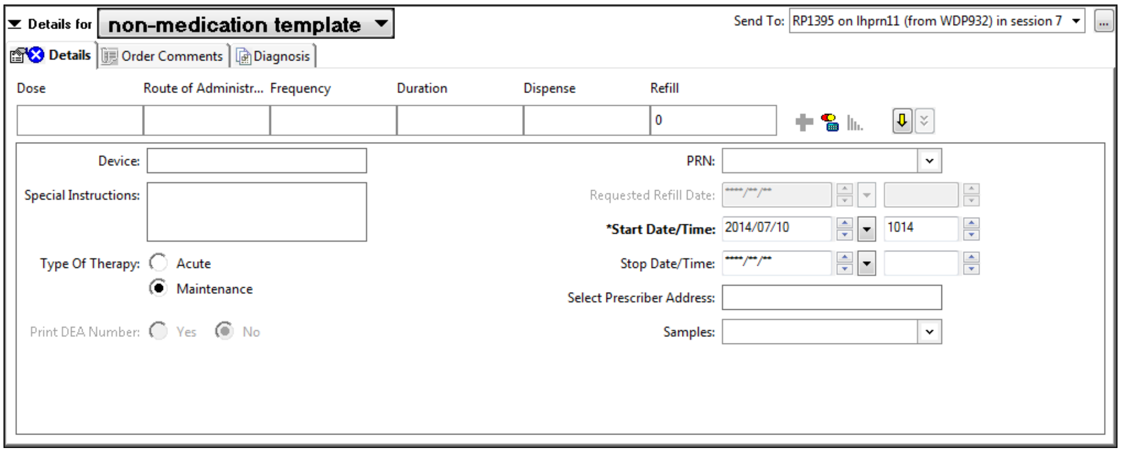
Previous Non-Medication Template



New Non-Medication Template

If you search by **non-medication template**, you will now get the new version and this will continue to be used if the orderable does not have a specific template already pre-built that is suitable for use.





Specific Non-Medication Template

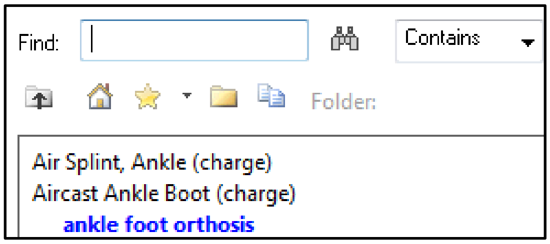
Currently, seven new templates have been set up for common non-medication prescriptions.

1. Crutches
2. Wig
3. Glucometer
4. Physiotherapy
5. Syringes
6. Wheel chair
7. Ankle foot orthosis

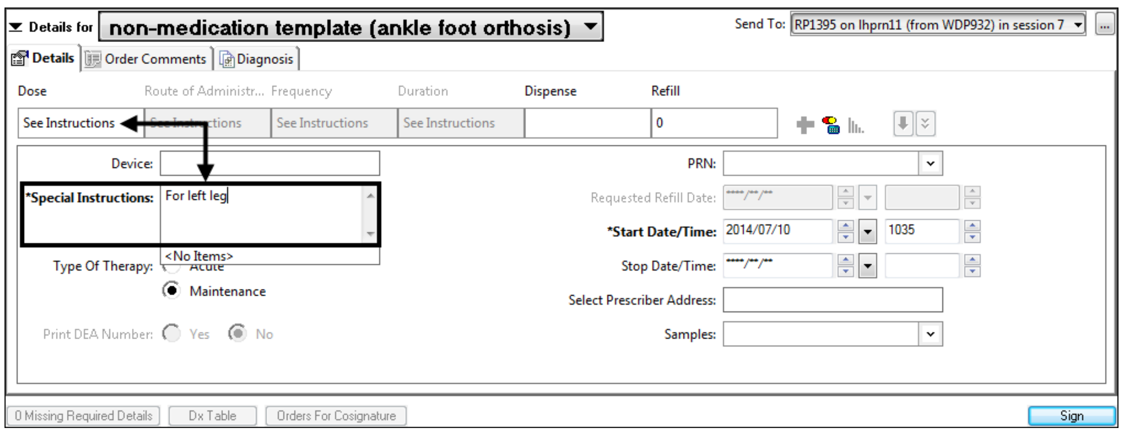
If you search by a specific orderable, i.e., ankle foot orthosis, you will get the new template that appears on the printed script and is easier to understand for the patient.

1. Search for the specific orderable name and click the appropriate orderable – it will turn bold and blue.

Note: When searching for these new templates, the orderable is indented.

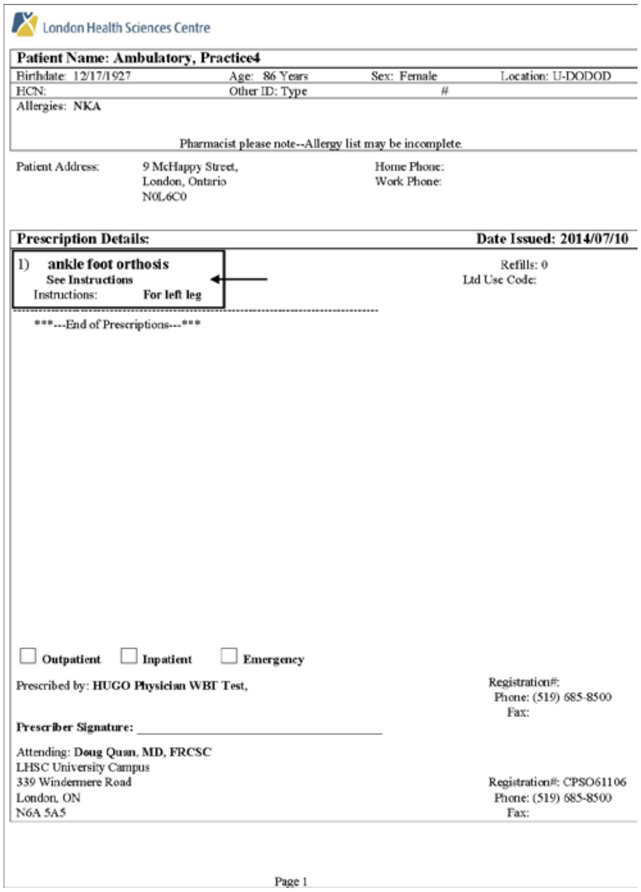


2. Click the Done button.
3. The indicates incomplete order details.
4. The **Dose** field is a required field. Select **See Instructions** from the drop-down or free-text the dose.
5. The **Special Instructions** field is a required field. Free-text the desired additional information for the prescription.



Important: The **Dispense** field is no longer a mandatory field but may be required for insurance purposes, depending on the item.

6. When all order details are complete, click the Sign button and refresh the screen.
7. When a specific orderable non-medication template is used, the printed prescription now appears as the following:



London Health Sciences Centre

Patient Name: Ambulatory, Practice4

Birthdate: 12/17/1927 Age: 86 Years Sex: Female Location: U-DODOD
HCN: Other ID: Type #
Allergies: NKA

Pharmacist please note--Allergy list may be incomplete.

Patient Address: 9 McHappy Street, London, Ontario N0L6C0 Home Phone: Work Phone:

Prescription Details: **Date Issued: 2014/07/10**

1) **ankle foot orthosis** Refills: 0
See Instructions Ltd Use Code:
Instructions: **For left leg**

---End of Prescriptions---

☐ Outpatient ☐ Inpatient ☐ Emergency

Prescribed by: HUGO Physician WBT Test, Registration#: Phone: (519) 685-8500 Fax:

Prescriber Signature: ______________________

Attending: Doug Quan, MD, FRCSC
LHSC University Campus
339 Windermere Road
London, ON
N6A 5A5
Registration#: CPSO61106 Phone: (519) 685-8500 Fax:

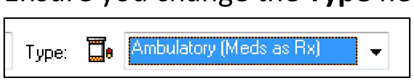
Page 1

Narcotic Prescriptions

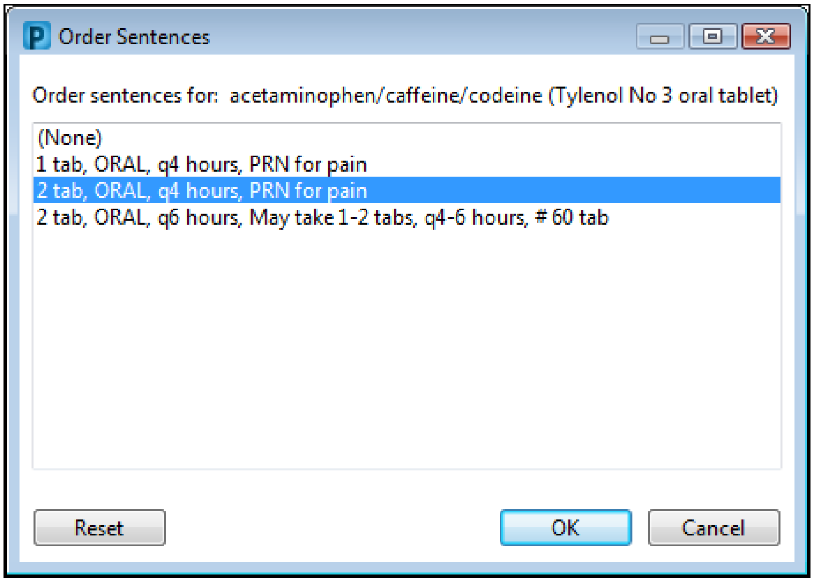
Prescriptions for narcotics have been designed to print off on a separate page as community pharmacies have legislative requirements to store narcotic prescriptions for longer periods than regular prescriptions.

Placing an Ambulatory Medication Order as a Prescription

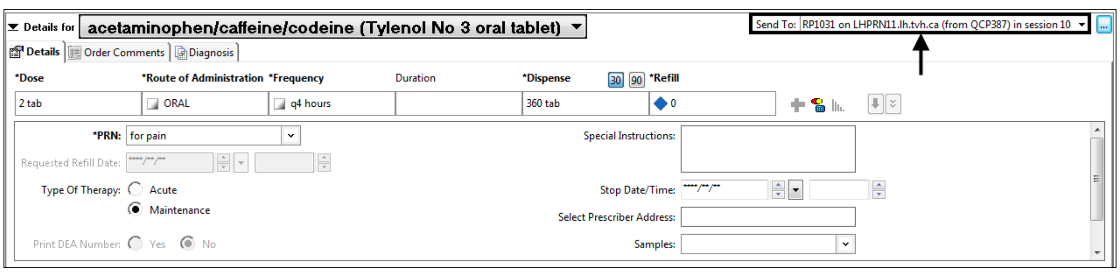
1. Open the patient's chart to the **Orders** page.
2. Click the + Add icon.
3. The **Add Order** window opens.
4. Ensure you change the **Type** field from **Ambulatory** to **Ambulatory (Meds as Rx).**



5. In the **Find** field, type the drug name and select the closest match – it will turn bold and blue.
6. Select the order sentence closest to the order intended and click the OK button.



7. Click the  button.
8. Complete the order details as required/needed.



9. Make sure that the **Send To:** field is displaying your default printer.

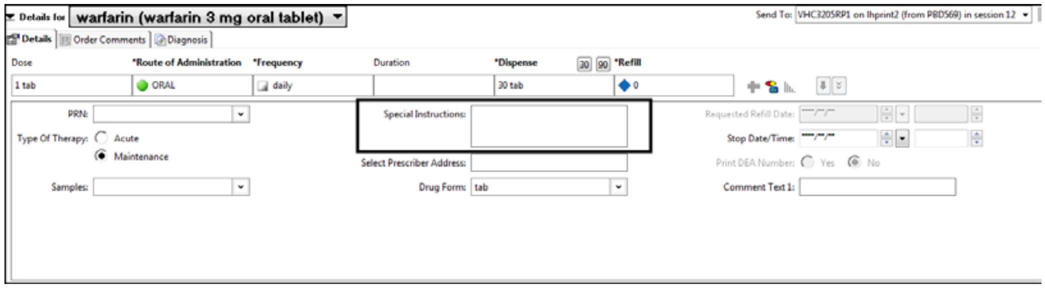
10. Click the  button and refresh your screen.

Important: Once you click the  button, the prescription is printed to your default printer.

Prescription on Discharge

The **Special Instructions** field in the Prescription details is a field that allows you to add details on the prescription instructions. You can add instructions such as:

- Instruction for the pharmacist filling the prescription such as holding a prescribed medication until it is approved by family physician.
- Instructions to be added to the medication label such as detailing the range dosing of medication 1 to 2 tabs.

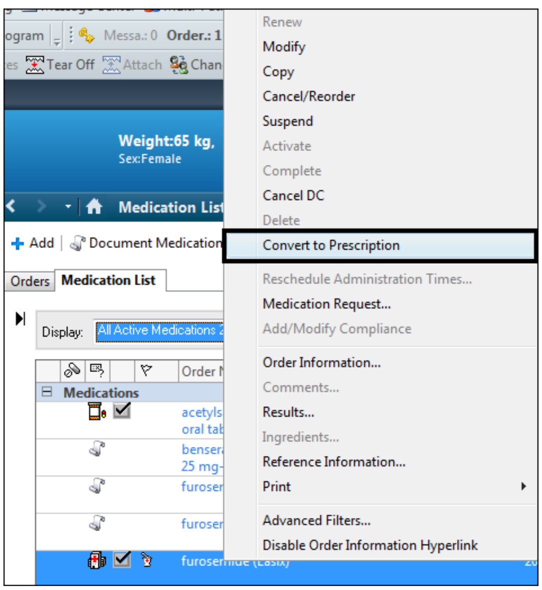


Print a Prescription for an Inpatient Medication

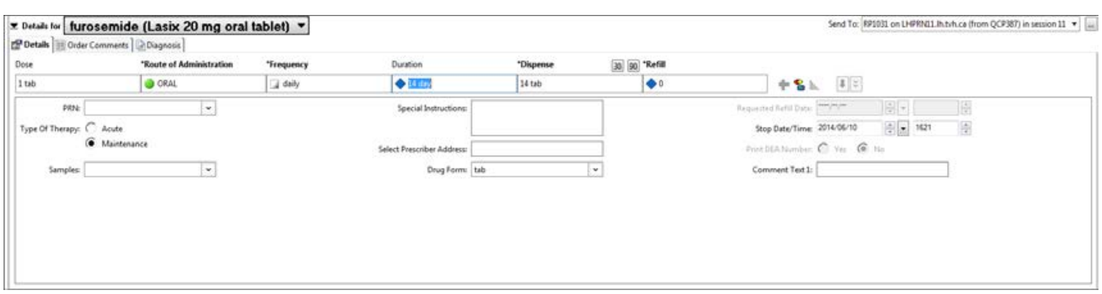
A Provider can generate a prescription for an inpatient medication order without going through discharge medication reconciliation.

Important: By generating the prescription in this manner, the patient's discharge medication reconciliation will not necessarily be reflective of all of his/her discharge medications.

1. Open the patient's chart to the **Medication List** component of the table of contents menu.
2. Right-click on the inpatient medication order and choose **Convert to Prescription**.



3. Complete the order details as required/needed.



4. Make sure that the Send To: field is displaying your default printer.

Important: Providers should convert all the medications they want on the prescription first and only click the Sign button when they are done, so all the medications are batched together.

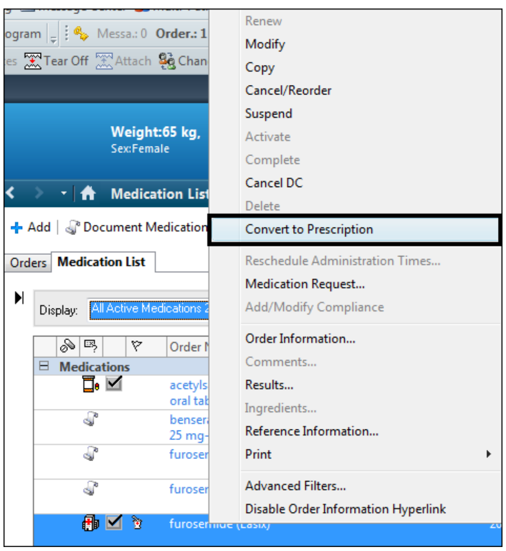
5. Click the Orders For Signature button.
6. Click the Sign button and refresh your screen.

Important: Once you click the Sign button, the prescription is printed to your default printer.

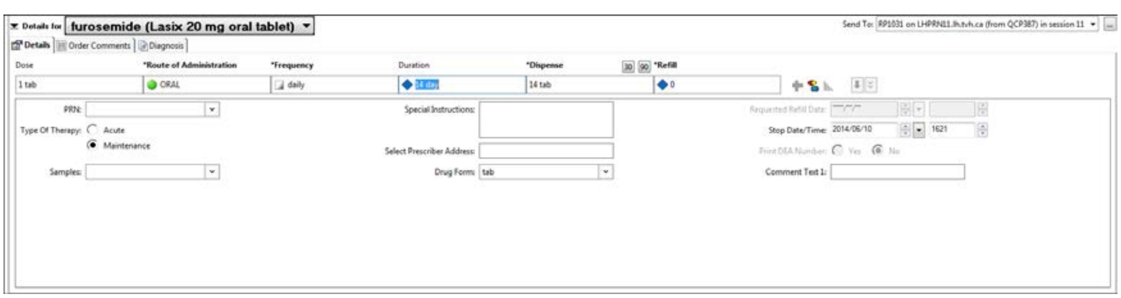
A provider can generate a prescription for an inpatient medication order without going through discharge medication reconciliation.

Important: By generating the prescription in this manner, the patient's discharge medication reconciliation will not necessarily be reflective of all of his/her discharge medications.

7. Open the patient's chart to the **Medication List** component of the table of contents menu.
8. Right-click on the inpatient medication order and choose **Convert to Prescription**.



9. Complete the order details as required/needed.



10. Make sure that the Send To: field is displaying your default printer.

Important: Providers should convert all the medications they want on the prescription first and only click the Sign button when they are done, so all the medications are batched together.

11. Click the Orders For Signature button.

12. Click the Sign button and refresh your screen.

Important: Once you click the Sign button, prescription is printed to your default printer.

Print a Prescription Through Juniper

In most cases, printers directly connected to external computers with a Windows 7 or Windows XP operating system are accessible from a Juniper Citrix Cerner session.

Print a Prescription Using a Tablet

You will need to convert the medication to a prescription and then setup the printer on the tablet.

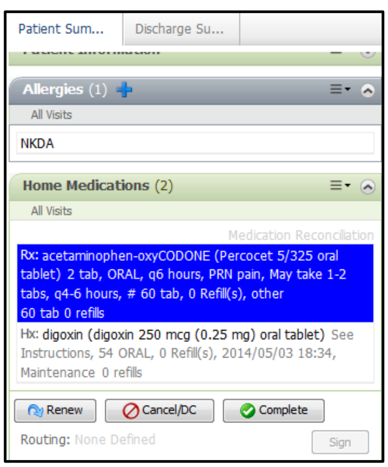
Convert and Print Prescription

1. Using the tablet, open the patient's chart in PowerChart.
2. Find and touch and hold the medication.

Reprint a Prescription

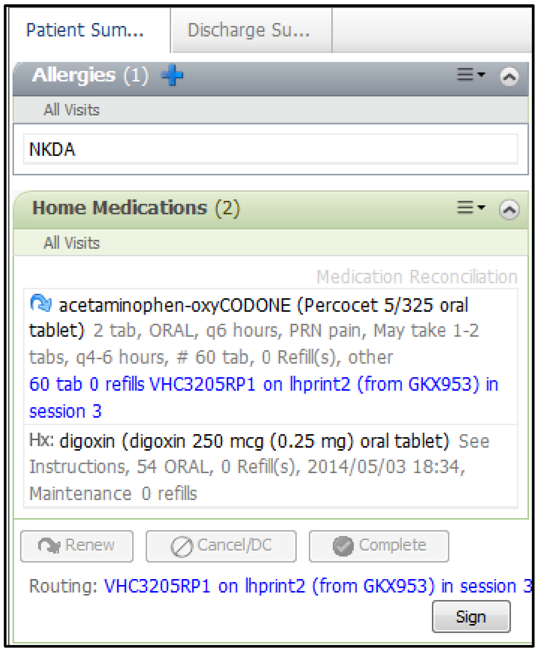
To reprint one or more prescriptions

1. Highlight the prescription medication in the **Home Medications** widget of the **Summaries ViewPoint**.

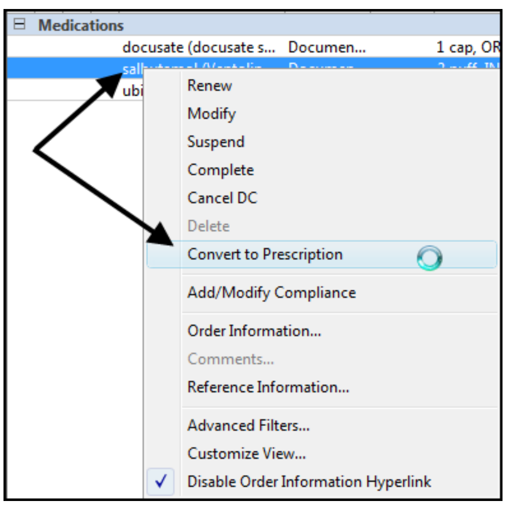


2. Click the Renew button and select the **Routing** to pick an appropriate printer.

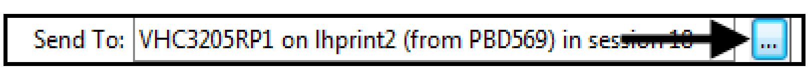
3. Click the Sign button.



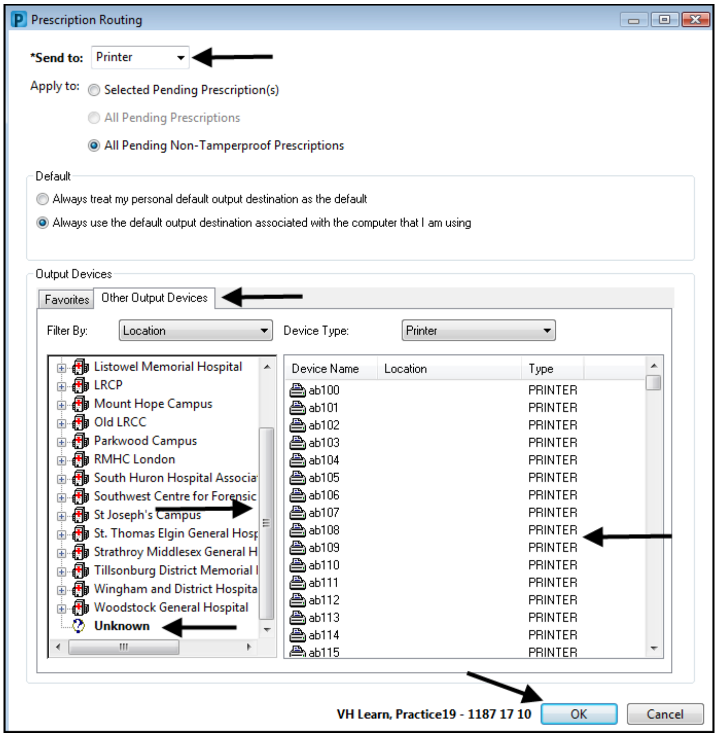
4. Click **Medication List** from the table of contents menu.
5. Right-click the medication.
6. Click **Convert to Prescription**.



7. Click the **ellipse** button beside **Send To:**.



8. In the **Prescription Routing** window, ensure **Send To** has **Printer** selected.



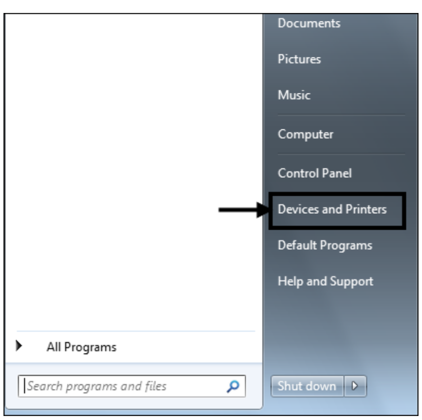
9. Click the **Other Output Devices** tab.
10. You may need to scroll down to see and click **Unknown**.
11. Find and select your printer under **Device Name**.
12. Click the OK button.

Unfortunately, printers connected to external Apple computers (Max OS X, iOS) are not accessible at this time.

PRINTERS - CHANGING YOUR DEFAULT PRINTER IN WINDOWS

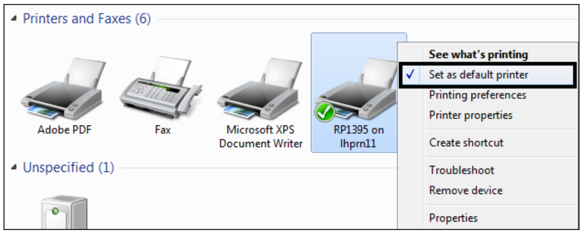
Windows 7

1. Click the **Start** button ( ) and then click **Devices and Printers**.



2. Under **Printers and Faxes**, find the printer you want as default.

3. Right-click on the printer and select **Set as default printer**.



4. You'll see a check mark on the printer's icon, signifying that it's now your default printer.

Windows XP

1. Click the **Start** button and then click **Settings** and click **Printers and Faxes.**
2. Find the printer you want as default.
3. Right-click on the printer you want as default and select **Set as Default**.

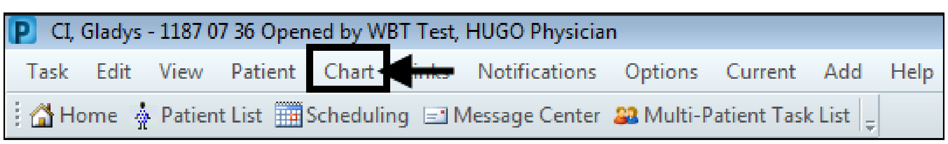
Thin Clients

A Client Support person will need to do this, as it requires a special login and password. Contact the **HelpDesk**.

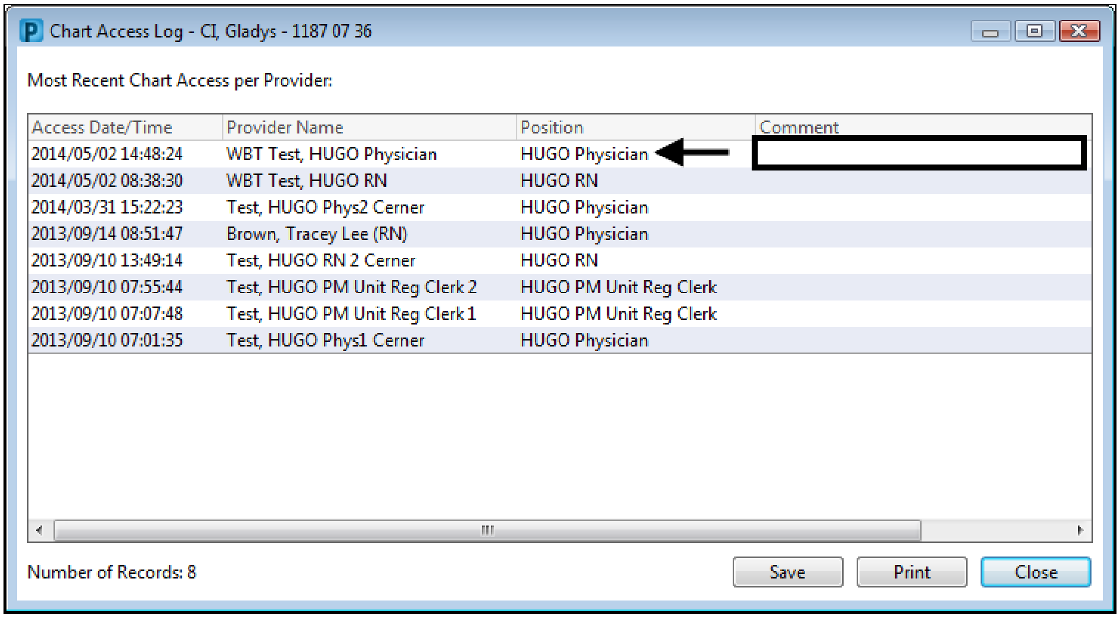
Record Why You Were in a Patient's Chart

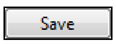
We encourage that only Regulated Health Professionals who are in the patient's circle of care go into a patient's chart. It is recommended, for auditing reasons, to record why a patient's chart has been accessed, e.g., reviewing a medication request from Pharmacy after discharge.

1. From the menu bar, click **Chart**.



2. Click **Chart Accessed By** and then click **Most Recent**.
3. In the **Chart Access Log** window, find your name in the **Most Recent Chart Accessed Per Provider** list.
4. Click in the **Comment** field beside your name and type the reason you are accessing the patient's chart.



5. Click the 

button.

6. Click the 

button.

Important: Do not use a Sticky Note in PowerChart to record chart access.

SURGERY – BOOKING YOUR PATIENT FOR SURGERY

Complete Surgical Procedure Request Form

1. Complete **Surgical Procedure Request** form (https://apps.lhsc.on.ca/regional/training/powerchart/assets/HUGO/JobAids/SugicalProcedureRequestForSecBooking.pdf) and give to your secretary (replaces the top portion of the previous Pre Admit preprinted order sheet).
2. If you need a PAC visit with anesthesia or internal medicine, you must indicate that on the **Surgical Procedure Request** form so that the appropriate PAC visit is booked. (You still need to order the consult in the **Periop-Pre Admission Clinic PowerPlan**.)
3. Validate that allergies are entered.

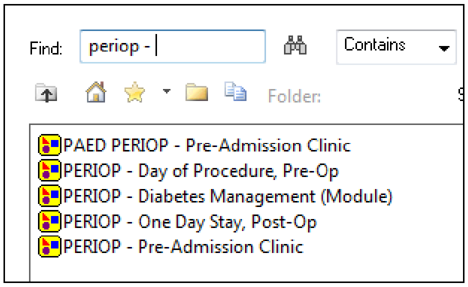
   If allergies are not documented electronically, you cannot proceed with order entry as it is a hard stop.

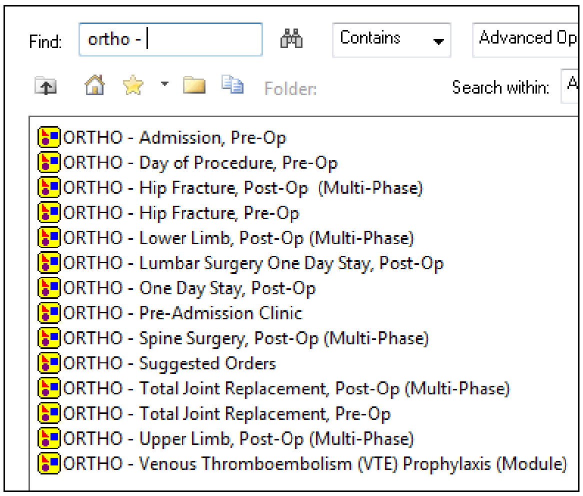
Enter Pre-Admission PowerPlan

1. From your patient's chart, click **Add** in the **Orders** component of the table of contents menu.

2. The **Add Order** window opens.

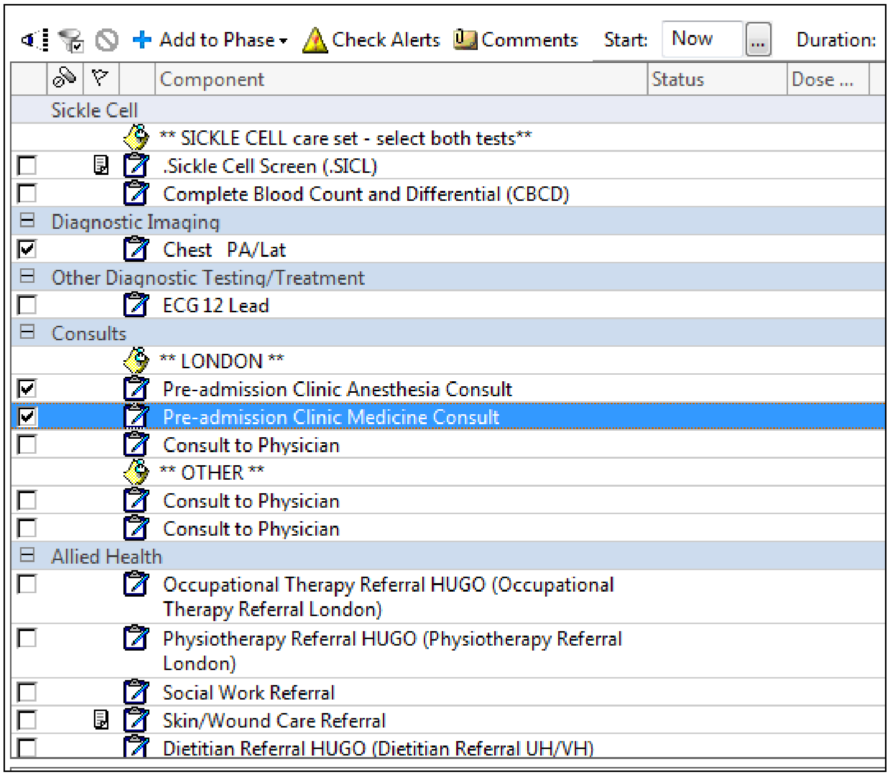
3. In the **Find** field, type **`periop -`** to see the PERIOP PowerPlans, or **`ortho –`** to see the ORTHO PowerPlans.



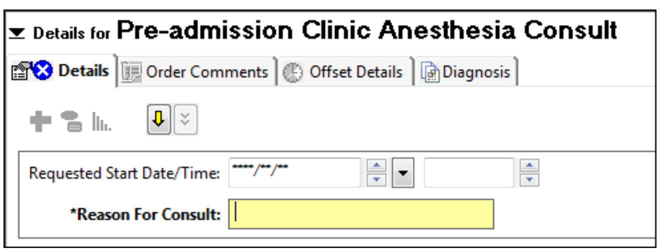


4. Click to select either the **PERIOP – Pre-Admission Clinic** PowerPlan or **ORTHO – Pre-Admission Clinic** PowerPlan – it will turn bold and blue.
5. Click the Done button.
6. Select the orderables that are appropriate for the procedure by clicking the check boxes to left of the orderable.
7. Ensure that you have included the following:
    a. Diagnostic tests including blood work and x-rays - for Ortho patients, use the ORTHO – Pre-Admission Clinic PowerPlan and you will find all the x-rays listed;

b. Anesthesia and Medicine consults with reason included;



c. Complete all required details (yellow highlighted fields) for all orders, there is only one exception – DO NOT choose a label printer if requested.



NEVER, EVER click the 

button to initiate the PowerPlan –click the 

button only to put the PowerPlan into a **Planned** state.

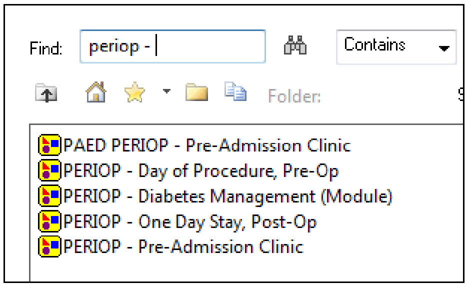
Enter Day of Procedure PowerPlan

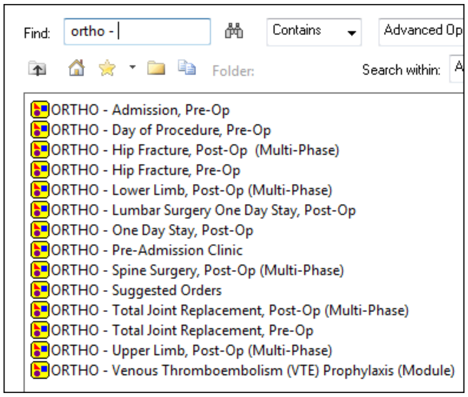
Once you have the pre admission clinic orders complete then proceed to **Day of Procedure** orders.

1. From your patient's chart, click **Add** in the **Orders** component of the table of contents menu.

2. The **Add Order** window opens.

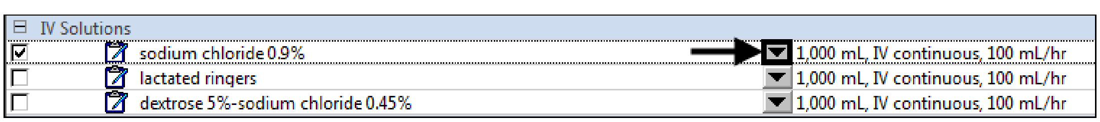
3. In the **Find** field, type **`periop -`** to see the PERIOP PowerPlans, or **`ortho -`** to see the ORTHO PowerPlans.



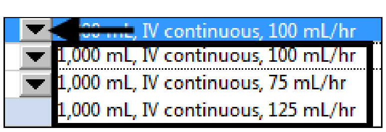


4. Click to select either the **PERIOP – Day of Procedure, Pre-Op** PowerPlan or **ORTHO – Day of Procedure, Pre-op** PowerPlan – it will turn bold and blue.
5. Click the  button.

6. Select the orderables that are appropriate for the procedure by clicking the check boxes to left of the orderable.
7. Ensure that you have included the following:
   a. IV insertion order, with the appropriate limb selected or no preference;
   b. IV fluid order with desired rate;
   c. IV antibiotics, with Send to OR or Start on Transfer from PREP to OR in the Order Comments tab.
   d. Vital signs and NPO are pre-selected.
   e. Intraoperative Portable is used when you require an xray(s) in the room during a procedure (such as fluoroscopy).
8. A down-arrow in the middle of the page means that there are various order sentences that you can choose to complete your order, i.e., IV rate, drug dosing.

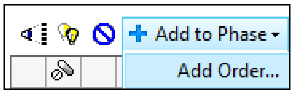


9. Click the down-arrow and select the correct order sentence.



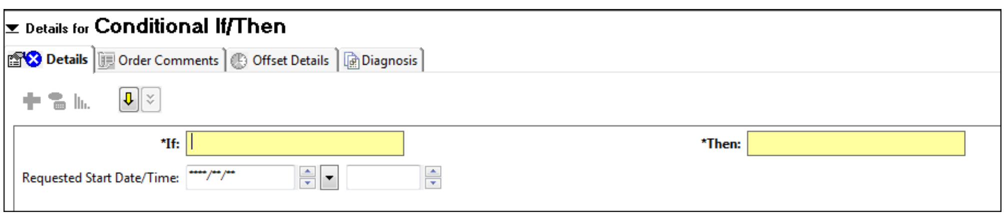
Add an Order to a PowerPlan

1. If an order does not exist in the PowerPlan, add single orders by selecting **Add to Phase**.
2. Click Add to Phase and then click **Add Order** to open the **Add Order** window.

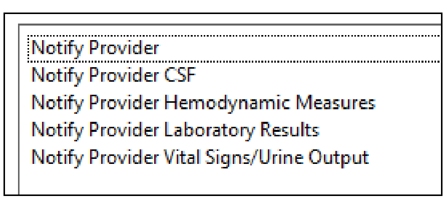


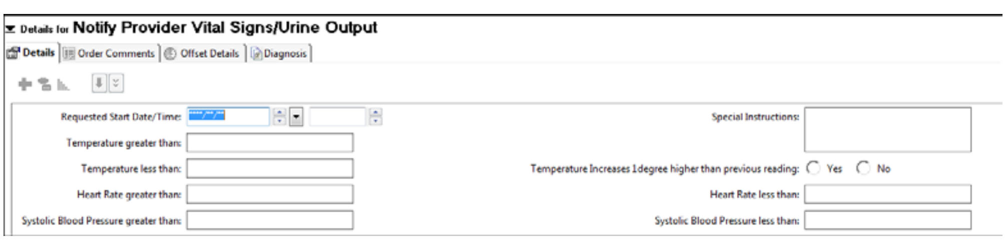
3. Consider which of the following types of orders it may fit.
   a. Is there an actual orderable that matches, i.e., medication or lab test?
   b. Is it a Communication order? In the **Find** field, type **`communication`** and select **Communication Order**. Type the *exact* words of the order in the **Enter verbatim order** field of the **Order** details.

   c. Is it a Conditional If/Then order? In the **Find** field, type **`Conditional`** and select the **Conditional If/Then** order. Complete the required **If** and **Then** fields (conditions).



   d. Is it a Notify Provider order? In the **Find** field, type **`Notify Provider`**-and select the appropriate **Notify Provider** order and completed the order details.





   e. Is it diabetic orders PPO from UH? Use a combo of the above and add a Communication Order to 'see paper orders'.

4. **DO NOT SAVE** a PowerPlan as a favorite with the IV solution included – unfortunately, this is broken functionality and will just result in a blank line item where the IV solution should be.
5. **SAVING PowerPlans** as favorites can help streamline your workflow. However, if changes are made to the base PowerPlans, your favorite could change or be unavailable and need to be recreated.
6. Just to clarify, any plans in a planned state for patients are NOT affected.

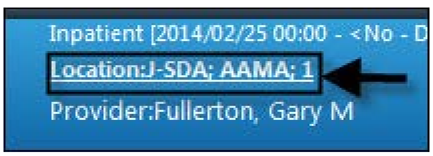
NEVER, EVER click the Initiate button to initiate the PowerPlan –click the Sign button only to put the PowerPlan into a **Planned** state.

TRANSFERS

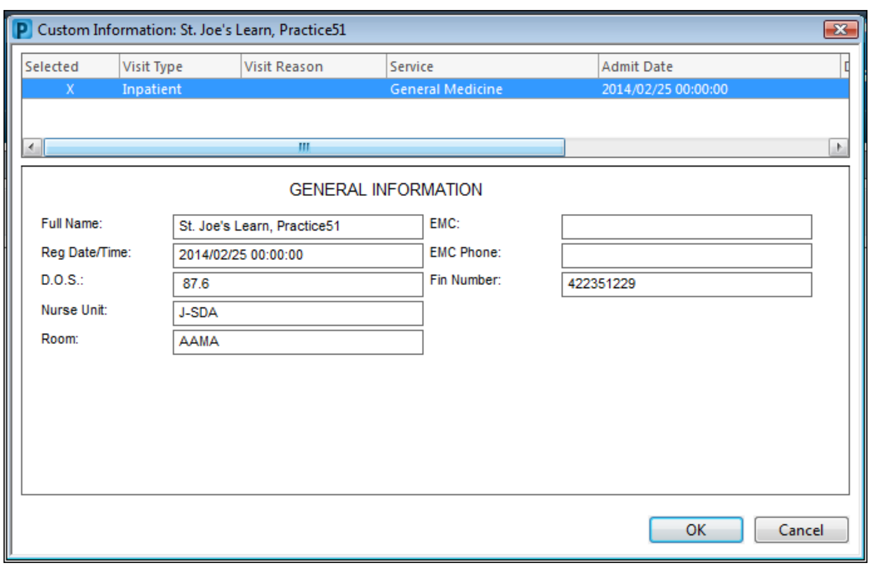
If a patient from a Cerner hospital is transferred and does not have a Patient Summary printout with them, alternate print outs are available:

Print the Transfer Medication Administration Report

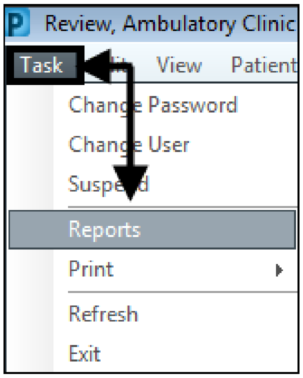
1. To find the previous encounter for the patient click the **Location**: link on the **Demographics Bar**.



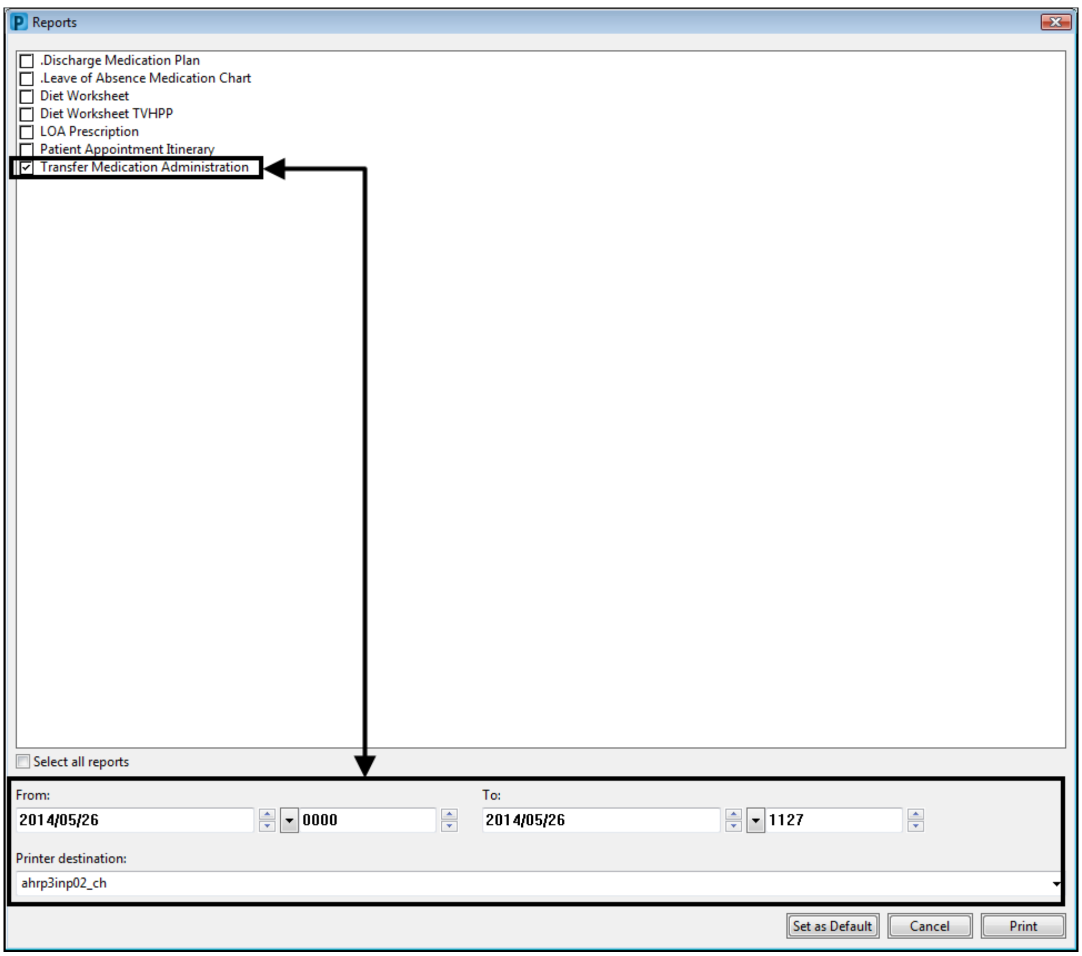
2. Double-click on the desired encounter and click the OK button.



3. Click the **Task** menu and then click **Reports**.



4. Check off the **Transfer Medication Administration**.
5. Complete **From**: and **To**: date and time.
6. Select **Printer destination**.



7. Click the 

button.

Transfer Between Campuses

Transfer to LHSC UH and **Transfer to LHSC VH** has been built in the system. This order is to be used by providers to alert nursing and unit clerks to an impending transfer.

VIEW LABORATORY GUIDES AND TESTS

1. Click **Manuals and Guides** on the **LHSC Intranet** site.

Programs & Services | Staff Central | Manuals & Guides | News | Home

2. Type **lab** in the **Filter** field.
3. Click **Laboratory Test Information Guide**.

LHSC

Manuals & Guides

Filter

lab

L

Laboratory Specimen Collection Guide

Laboratory Test Information Guide

Click **Browse all test**.

Browse all tests

Browse tests by laboratory

Search for tests by using full or partial test name

View and set your PDF output options

4. Click a **Jump to**, to narrow down the search.

Laboratory Test Index - [show entire test database as PDF]

Jump to: 1 2 4 5 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

5. Click on the test.

London Health Sciences Centre — St Joseph's Health Care London

Pathology and Laboratory Medicine

Laboratory Test Information Guide

A Joint Venture of London Health Sciences Centre and St Josephs Health Care London

Details for *Electrolytes,Plasma*

Test Name:	Electrolytes,Plasma
Alternate Name(s):	Sodium Potassium Chloride CO2 GAP
Laboratory:	Core
Specimen Type:	4.5 mL Green (Lithium Heparin) top Vacutainer **Pediatric:** *0-2 yrs:* 0.5 mL Green micropick tube. *2-10 yrs:* 2 mL Green top
Collection Information:	Collect blood aseptically in a Vacutainer tube. Avoid hemolysis. Serum from a 5 mL Gold top or 6 mL Red top is also acceptable.
Requisition:	GENERAL LABORATORY REQUISITION

PowerChart Icon Legend

PowerChart Icon Legend

Patient Access List (PAL)

- Allergies documentation
- No allergies documentation
- No known allergies documentation (Region only)
- Patient has a continuous IV order
- New routine priority orders requiring nurse review
- New stat priority orders requiring nurse review
- New routine priority orders that do not require nurse review
- New routine results
- New critical results
- Patient care task
- Lab test task
- Medication task
- Stat medication task

MAR

- Scan successful
- Medication order not verified by Pharmacy
- Medication order rejected by Pharmacy
- Cross order interval checking has been turned off
- Cosign by Provider needed
- Required field not completed
- Critical task, such as an overdose or unmatched drug
- Additional charting may be required
- Underdose
- Unscheduled medication
- Nurse review is required
- MAR note (click to see comment)
- Overdue task/medication
- Order is part of an PowerPlan

Orders	
	Denote an ambulatory order
	Denotes an inpatient order
	Inactive order
	Active order
	Collapse Details pane
	Expand Details pane
	Expand a clinical category
	Collapse a clinical category
	Order details not complete
	Reference text information available
	Cosign by Provider needed
	Provider cosign refusal
	Nurse review is required
	Order is part of a PowerPlan
	Proposed order pending approval
	Order yet to be verified by Pharmacy
	Order has been rejected by Pharmacy
...	Search or filter. Hover to view more information.
PowerPlan Interactive	
	Merges view of PowerPlan with current orders
	Filters view in PowerPlan only to checked items in a planned PowerPlan
	View excluded components in an initiated PowerPlan
	Discontinue PowerPlan
+ Add to Phase	Gateway to add orders to PowerPlan

PowerChart Icon Legend

PowerForm

- Sign form
- Clear
- Cancel
- Clinical calculator
- Previous (page)
- Next (page)

Document Meds by Hx

- Medication documented manually
- Prescription entered by provider

Medication Reconciliation (MedRec)

- Compliance documentation, e.g., Still taking not as prescribed
- Prescription medication
- Inpatient medication
- Medication documented manually
- Order not yet reconciled
- Formulary drug
- Non-Formulary drug
- Order details not complete